



**Adult Needs and Strengths Assessment  
(ANSA 25+)  
User Manual**

June 2016

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A large number of individuals have collaborated in the development of the ANSA. Along with the ANSA, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The ANSA-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of young adults and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the ANSA-Comprehensive assessment tool contact:

**John S. Lyons, Ph.D.**

Chapin Hall at the University of Chicago  
1313 East 60<sup>th</sup> Street  
Chicago, IL 60637  
jlyons@chapinhall.org

**The Praed Foundation**

550 N. Kingsbury Street, #101  
Chicago, IL 60654  
praedfoundation@yahoo.com  
[www.praedfoundation.org](http://www.praedfoundation.org)

**Alexander Jackson, LCSW**

Director, Special Projects  
Alameda County Behavioral Health Care Services  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606  
[ajackson@acbhcs.org](mailto:ajackson@acbhcs.org)

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## Introduction to the Adult Needs and Strengths Assessment (ANSA)

The Adult Needs and Strengths Assessment (ANSA) is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The ANSA was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

ANSA gathers information on clients' needs and strengths. Strengths are areas of an individual's life where he or she is doing well or has an interest or ability. Needs are areas where an individual requires help or serious intervention. Service providers in Alameda County use an assessment process to get to know the individuals and families with whom they work and to understand their strengths and needs. The ANSA can help providers decide which of an individual's needs are the most important to address in a treatment plan. The ANSA also helps identify strengths, which can be the basis of a treatment plan. By working with the client and family closely during the assessment process and talking together about the ANSA, providers can develop a treatment plan that addresses an individual's strengths and needs while building strong engagement.

The ANSA is made of domains that focus on an area in the individual's life. Each section is made up of a group of specific items. There are sections on how individuals' function in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed in adult life. When possible, there is also a section that asks about the family's beliefs and preferences, and a section that asks about general family concerns. The provider gives a number rating to each of these items. These ratings help the provider understand where intensive or immediate action is most needed, and also where an individual has strengths that could be a major part of the treatment plan.

Of course, ratings do not tell the whole story of an individual's strengths and needs. Each ANSA section is merely the output of a comprehensive assessment process and is documented alongside narratives where a provider can give more information about that area of life. The provider can note questions that need to be explored further, or areas where people involved with the individual have different ideas about the individual.

## Six Key Principles of a Communimetric Tool

The ANSA has six key principles that, when applied, make the assessment process move more smoothly.

- 1. Items impact service planning.** An item exists because it helps in identifying needs for the treatment plan.
- 2. Items ratings translate into Action Levels.** An item rated 2 or 3 requires action.
- 3. Consider culture and development.** Culture and development must be considered before establishing the action level for each item.
- 4. Agnostic as to etiology.** It is descriptive tool. Rate the “what” and not the “why”. The ANSA describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
- 5. It’s about the individual, not the service.** Don’t rate behavior with a low score if the individual has been in a controlled environment. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., 2 or 3).
- 6. Specific ratings window (e.g. 30 days) can be over-ridden based on action levels.** Keep the information fresh and RELEVANT. Don’t get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action Levels supersede Time Frames – if the item should be on your treatment plan, rate it higher!

## Rating Needs and Strengths

The ANSA is easy to learn and is well liked by young adults and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the individual and family.

- Basic core items – grouped by domain - are rated for all individuals.
- A rating of 1, 2 or 3 on key core questions triggers extension modules.
- A few additional questions are required for the decision models to function.

Each rating level on the ANSA suggests different pathways for service planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths):

### The basic design for rating NEEDS

Rating	Level of Need	Appropriate Action
0	No evidence of need.	No action needed.
1	Significant history or possible need that is not interfering with functioning.	Watchful waiting / prevention / additional assessment.
2	Need interferes with functioning.	Action / Intervention required
3	Need is dangerous or disabling.	Immediate action / Intensive action required

### The basic design for rating STRENGTHS

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength.	Central to planning.
1	Strength present.	Useful in planning.
2	Identified strength.	Build or develop strength.
3	No strength identified	Strength creation or identification may be indicated

The rating of *NA* or not applicable should be used with cases in the rare instances where an item does not apply to that particular client. *NA* is available for a few items under specified circumstances (see manual descriptions).

The ANSA is an effective information integration tool for use in the development of individual plans of care, to monitor outcomes, and to help design and plan systems of care for adults and older adults with behavioral health (mental health or substance use) challenges.

To administer the ANSA, the care provider should read the anchor descriptions for each item (or dimension) and then record the appropriate rating on the ANSA assessment form or electronic entry system. This should be done after gathering relevant information, including talking with the individual and other important people in the individual's life.

Remember that the item **anchor coding descriptions are examples of circumstances** which fit each rating (0, 1, 2, or 3). The descriptions are **not** inclusive. Sometimes the rating must consider the best meaning of each rating level to determine the appropriate rating on an item (or dimension) for an individual.

Ratings of 1, 2 or 3 on key core items trigger additional questions in extension modules: **Vocational/Career, Developmental Needs, Parenting/Caregiving Role, Trauma/Adjustment to Trauma, Substance Use, Suicide Risk, Dangerousness, Sexually Aggressive Behavior, Crime, and Health.**

Decision support applications include the development of specific algorithms for levels of care including treatment foster care, residential treatment, intensive community services, supportive, and traditional outpatient care. Algorithms can be localized for sensitivity to varying service delivery systems and cultures.

In terms of quality improvement activities, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the ANSA assessment. A rating of '2' or '3' on an ANSA need suggests that this area must be addressed in the plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities.

Finally, the ANSA can be used to monitor outcomes. This can be accomplished in two ways. First, items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Or, domain scores can be generated by summing items within each of the domain (Behavioral Health Needs, Risk Behaviors, Life Functioning, etc.). These scores can be compared over the course of treatment. ANSA dimension (domain) scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, and community mental health.

The ANSA has demonstrated reliability and validity. With training, any one with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level.

The ANSA is an open domain tool that is free for anyone to use. There is a community of people who use the various versions of the ANSA and share experiences and additional items and supplementary tools.

### Reference

Lyons, J.S (2009). *Communimetrics: A communication theory of measurement in human service settings*. New York: Springer.

## How is the ANSA Used?

In Alameda County, we use the ANSA in many ways to transform the lives of adults, older adults and their families and to improve our programs. This guide is intended to support your use of the ANSA-as a multi-purpose tool. What is the ANSA?

### It is an Assessment Strategy

When you first meet your clients and their caretakers, you can use this guide to make sure you gather all the information you need. Most items include “**Questions to Consider**” which you may find useful in when asking about needs and strengths. These are not questions that you must ask, but are available to you as suggestions. Many care providers have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before beginning therapy and treatment planning.

### It Guides Care and Treatment Planning

When we mark an item on the ANSA as a ‘2’ or ‘3’ (‘action needed’ or ‘immediate action needed’) we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs, Impacts on Functioning, or Risk factors that you rate as a 2 or higher in that document.

### It Establishes Medical Necessity

For many insurance plans, including services billed to Medicare/Medi-Cal, it is important that we establish that the work we do is medically necessary. We may know that it is, but it also needs to be reflected in documentation tools like the ANSA. Individuals who have been referred to us for service generally have at least one score of ‘2’ or ‘3’ in both their Needs and Impact and Functioning areas. Although you do not need to score the ANSA in any particular way, a low enough score would indicate that our client might not really need our services. The scores we give on the ANSA can guide us in choosing the best diagnosis, the best level of care or intensity of supports, and the most critical areas where individuals may need our support and crisis interventions.

### It Facilitates Outcomes Measurement

Many users of the ANSA and organizations complete the ANSA every six months to measure change and transformation. We work with individual and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs and tracking change.

### It is a Communication Tool

When a client leaves one of our programs, we may do a closing ANSA to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing ANSA, much like a discharge summary integrated with ANSA scoring, gives us a picture of how much progress has been made, and allows us to make recommendations for future care which tie to current needs. And finally, it gives us a shared language to talk about our clients and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the ANSA and guide you in filling it out in an accurate way that helps you make good clinical decisions.

## ANSA as a Mental Health Strategy

The ANSA is organized into parts: You can start with any of the sections—Life Domain Functioning or Behavioral Health Needs, Risk Behaviors or Strengths—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask—“we can start by talking about what you feel that you need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

It also is a good idea to become familiar with the ANSA. The ANSA was designed to be the output of an assessment process and was not intended to be an interview tool or a paper-and-pencil measure. Integrating the ANSA into your current assessment process will be the most natural. Conducting your assessment as a conversation is also more likely to give you good information, so have a general idea of the items.

Also, some people may “take off” on a topic. The great thing about the ANSA is that you can follow their lead. So, if they are talking about anger control and then shift into something like---“you know, he only gets angry when he is in Mr. S’s classroom”, you can follow that and ask some questions about situational anger. So that you are not searching and flipping through papers, have some idea of what page that item is on.

### Making the best use of the ANSA

When adults or older adults have families involved in their lives, their family can be a great asset to the individual’s treatment. To increase family involvement and understanding, describe to the family the assessment process, the ANSA and how you will be using the tool. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed ANSA should be offered to each family, and they should always be encouraged to discuss the ratings with you and/or the treatment team.

### Listening using the ANSA

Listening is the most important skill that you bring to the ANSA. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes”, “and”—things that encourage people to continue
- **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did “X”. But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the individual that you are with him/her.

- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? “Or do you need me to explain that in another way”?
- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The ANSA is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like .....is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

### Redirect the conversation to parents’/caregivers’ own feelings and observations

Often, people will make comments about other people’s observations such as “well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “so your mother feels that when he does X, that is obnoxious. What do YOU think?” The ANSA is a tool to organize all points of observation, but the adult client’s perspective is the most important at the time when you are doing the assessment. Once you have his/her perspective, you can then work on organizing and coalescing the other points of view. In addition, the statements made by others can be noted in the comments section.

### Acknowledge Feelings

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as “I hear you saying that it can be difficult when...” demonstrates empathy.

### Wrapping it Up

At the end of the assessment process, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young adult, and if there is anything that they would like to add. This is a good time to see if there is anything “left over”—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings as you summarize or give them the “total picture”.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: “OK, now the next step is a “brainstorm” where we take this information that we’ve organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let’s start...”

## Potentially Traumatic/Adverse Childhood Experiences

All of the Potentially Traumatic/Adverse Childhood Experience items are static indicators. In other words, these items indicate whether or not an individual experienced the particular trauma. **If he/she has ever had one of these experiences it would always be rated in this section, even if the experience were not currently causing problems or distress in the individual's life.** Thus these items are not expected to change except in the case that the individual has a new trauma experience or a historical trauma is identified that was not previously known.

**These ratings are made based on LIFETIME exposure of trauma or adverse childhood experiences. The following categories and action levels are used:**

0 = No evidence of any trauma of this type.

1= A single incident of trauma occurred, or suspicion exists of this trauma type.

2 = The individual has experienced multiple incidents or moderate degree of this trauma type.

3 = Repeated and severe incidents of trauma with medical/physical consequences.

**Question to Consider for this Domain:** Has the Individual experienced adverse life events that may impact his/her behavior? **Please rate within the Individual's lifetime.**

**SEXUAL ABUSE** - This item rates the severity and frequency of sexual abuse.

### Questions to Consider

- Has the caregiver or Individual disclosed sexual abuse?
- How often did the abuse occur?
- What was the Individual's relationship to the perpetrator?
- Did the abuse result in physical injury?

### Ratings & Definitions

- 0** There is no evidence that Individual has experienced sexual abuse.
- 1** Individual has experienced one episode of sexual abuse or there is a suspicion that Individual has experienced sexual abuse but no confirming evidence.
- 2** Individual has experienced repeated sexual abuse.
- 3** Individual has experienced severe and repeated sexual abuse.

**PHYSICAL ABUSE** - This item rates the severity and frequency of experiences of physical abuse.

### Questions to Consider

- Has the individual or caregiver disclosed a history of physical abuse?
- Is physical discipline used in the home? What forms?
- Has the individual every received bruises, marks, or injury from physical discipline?

### Ratings & Definitions

- 0** There is no evidence that individual has experienced physical abuse.
- 1** Individual has experienced one episode of physical abuse or there is a suspicion that individual has experienced physical abuse but no confirming evidence.
- 2** Individual has experienced repeated physical abuse.
- 3** Individual has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

**NEGLECT** - This rating describes the degree of severity of neglect an individual has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or lack of access to needed medical care (medical neglect), or failure to receive an academic instruction (educational neglect).

**Questions to Consider**

- Is the individual getting adequate supervision?
- Are the individual's basic needs for food and shelter being met?
- Is the individual allowed access to necessary medical care by caregivers?
- Do the caregivers prevent the individual from accessing education?

**Ratings & Definitions**

- 0** There is no evidence that individual has experienced neglect.  
Individual has experienced minor occasional neglect. Individual may have been left home alone for a short period of time with no adult supervision or there may be occasional failure to provide adequate supervision of individual
- 1** Individual has experienced a moderate level of neglect. Individual may have been left home alone overnight or there may be occasional failure to provide adequate food, shelter, or clothing with corrective action.
- 2** Individual has experienced a severe level of neglect including multiple and/or prolonged absences by adults, with minimal supervision, and failure to provide basic necessities of life on a regular basis.
- 3**

**EMOTIONAL ABUSE** - This item rates the severity and intensity of experiences of emotional abuse, including belittling, shaming, and humiliating an individual, calling names, making negative comparisons to others, or telling an individual that he or she is, "no good."

**Questions to Consider**

- How does the caregiver talk to/ interact with the individual?
- Is there name calling or shaming in the home?

**Ratings & Definitions**

- 0** There is no evidence that individual has experienced emotional abuse.
- 1** Individual has experienced mild emotional abuse.
- 2** Individual has experienced emotional abuse over an extended period of time (at least one year).
- 3** Individual has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

**MEDICAL TRAUMA** - This item rates the severity of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries.

**Questions to Consider**

- Has the individual broken any bones?
- Has the individual had to go to the emergency room or stay overnight in the hospital?

**Ratings & Definitions**

- 0** There is no evidence that individual has experienced any medical trauma.
- 1** Individual has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
- 2** Individual has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
- 3** Individual has experienced life threatening medical trauma.

**NATURAL/MANMADE DISASTER** - This rating describes the severity of exposure to either natural or man-made disasters.

**Questions to Consider**

- Has the individual been present during a natural or man-made disaster? These could include but are not limited to earthquakes, tsunamis, tornados, fires, car accidents, plane crashes and bombings?
- Does the individual watch television shows containing these themes or overhear adults talking about these kinds of disasters?

**Ratings & Definitions**

- 0** There is no evidence that individual has been exposed to natural or man-made disasters.

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- 1** Individual has been exposed to disasters second-hand (i.e. on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as a fire or earthquake or manmade disaster, including car accident, plane crashes, or bombings.

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- 2** Individual has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, an individual may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down).

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- 3** Individual has been directly exposed to multiple and severe natural or manmade disasters and/or a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g. house burns down, caregiver or individual loses job).

**WITNESS TO FAMILY VIOLENCE** -This item rates the severity and frequency of violence within the individual's home or family.

**Questions to Consider**

- Is there frequent fighting in the individual's family?
- Does the fighting ever become physical?

**Ratings & Definitions**

- 0** There is no evidence that individual has witnessed family violence.

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- 1** Individual has witnessed one episode of family violence or suspicion of exposure to family violence.

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- 2** Individual has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.

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- 3** Individual has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

**WITNESS TO COMMUNITY VIOLENCE** - This item rates the severity and frequency of incidents of violence the individual has witnessed in his/her community.

**Questions to Consider**

- Does the individual live in a neighborhood with frequent violence?

**Ratings & Definitions**

- 0** There is no evidence that individual has witnessed violence in the community.

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- 1** Individual has witnessed fighting or other forms of violence in the community.

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- 2** Individual has witnessed the significant injury of others in his/her community).

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- 3** Individual has witnessed the death of another person in his/her community.

**WAR AFFECTED** - This rating describes the degree of severity of exposure to war, political violence or torture. Violence or trauma related to Terrorism is not included here.

**Questions to Consider**

- Has the individual or his/her family lived in a war torn region?
- How close was he/she to violence?
- Was the family displaced?
- What acts of war did the individual or family witness or experience directly?

**Ratings & Definitions**

- 0** There is no evidence that individual has been exposed to war, political violence, or torture.  
Individual did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the individual may have been exposed to war, political violence or torture; family may have been forcibly displaced due to the war, or both. This does not include individual who have lost one or both parents during a war.
- 1** Individual has been affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Individual may have lost one or both parents during the war or parents may suffer physical or psychological effects. Individual may have spent extended time in refugee camp.
- 2** Individual has experienced the direct effects of war. Individual may have feared for his/her own life. He/ She may have been injured, tortured, kidnapped or forced to become an individual soldier.
- 3**

**TERRORISM AFFECTED** - This rating describes the degree to which an individual has been affected by terrorism. Terrorism is defined as “the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

**Questions to Consider**

- Has the individual witnessed an act of terrorism?
- Was his/her community targeted in an act of terrorism?
- Does the individual know people injured or killed in an act of terrorism?

**Ratings & Definitions**

- 0** There is no evidence that individual has been affected by terrorism.  
Individual’s community has experienced an act of terrorism, but the individual was not directly impacted by the violence. Exposure has been limited to pictures on television terrorist activities.
- 1** Individual has been affected by terrorism within his/her community, but did not directly witness the attack. Individual may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of individual’s daily life may be disrupted due to attack (e.g. utilities or school), and individual may see signs of the attack in neighborhood (e.g. destroyed building). Individual may know people who were injured in the attack.
- 2** Individual has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or have directly been injured by terrorism leading to significant injury or lasting impact.
- 3**

**DISRUPTION IN CAREGIVING/ ATTACHMENT LOSSES** - This rating describes the extent to which the individual has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses. Individuals who have experienced the death of a primary attachment figure, had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the individual's caregiver remains the same, would not be rated on this item.

**Questions to Consider**

- Has the individual ever been placed in foster care?
- Has the individual lost contact with a caregiver or had limited access to the caregiver?

**Ratings & Definitions**

**0** There is no evidence that the Individual has experienced disruptions in caregiving and/or attachment losses.

**1** Individual may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (i.e., individual's care shifted from biological mother to paternal grandmother). Individual may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.

**2** Individual has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the individual has had at least one disruption involving placement with an unknown caregiver. Individuals who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.

**3** Individual has been exposed to multiple/repeated placement changes (i.e., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has negatively impacted various domains of an individual's life (i.e., loss of community, school placement, peer group). Examples would include an individual in several short-term unknown placements (i.e., moved from emergency foster care to additional foster care placements and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification).

## Life Functioning Domain

**Question to Consider for this Domain:** How is the individual functioning in individual, family, peer, school, and community realms? **Please rate the highest level from the past 30 days.**

**For Life Functioning Domain, the following categories and action levels are used:**

0 = A dimension in which there is not current need; no need for action/intervention.

1 = A dimension in that indicates mild problems; requires monitoring, watchful waiting, or preventive activities.

2 = A dimension that indicates moderate problems; requires action to ensure that the identified need is addressed.

3 = A dimension that indicates significant problem; requires immediate or intensive action to improve functioning.

**PHYSICAL/MEDICAL\*** - This item rating includes both acute/chronic health problems and physical conditions.

### Questions to Consider

- Does she/he have any medical problems?
- Are there any activities that he/she cannot do because of a physical or medical condition? How much does this interfere with his/her life?

### Ratings & Definitions

**0** There is no evidence of physical or medical problems.

Physical or medical problems are indicated. This might include well-managed chronic conditions like diabetes or asthma. A person in need of a physical/medical examination would be rated here.

**2** Chronic physical or moderate medical problems are present.

**3** Severe, life threatening physical or medical condition exists.

\*A rating of 1, 2 or 3 on this item will trigger the **Health Module (1)**.

**FAMILY RELATIONSHIPS/FUNCTIONING** - This item rates the individual's relationships with those who are in his/her family. It is recommended that the definition of family should come from the individual's perspective (i.e. who the individual describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological relatives and their significant others with whom the individual is still in contact. When rating this item, you should take into account the relationship the individual has with his/her family as well as the relationship of the family as a whole.

### Questions to Consider

- How does the individual get along with the family?
- Are there problems between family members?
- Has there ever been any violence in the family?

### Ratings & Definitions

**0** No evidence of problems in relationships with family members and/or individual is doing well in relationships with family members.

There is a history or suspicion of problems and/or individual is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with individual. Arguing may be common but does not result in major problems.

**2** Individual is having significant problems with parents, siblings and/or other family members. Frequent arguing, difficulty maintaining positive relationships may be observed.

**3** Individual is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

**EMPLOYMENT\*** - This item rates the performance of the individual in work settings. In addition to traditional employment, this can include supported employment, sheltered workshops, long-term volunteer experiences and internships. This performance can include issues of behavior, attendance or productivity.

**Note:** If the individual is receiving special vocational services, rate the individual's performance and behavior relative to their peer group. If it is planned for the individual to work in the regular economy, rate the individual's functioning relative to that peer group. The 'NA' option applies only to individuals who have retired, are staying home to parent children, or is in school.

**Questions to Consider**

- Is the individual currently employed? Does he/she have any struggles at work?
- If the individual is unemployed, what was their last job? Is he/she looking for work?
- Does the individual have any vocation goals? How long has he/she had these goals? How confident is he/she of achieving these goals?

**Ratings & Definitions**

- 0** No evidence of problems related to work are identified.  
Individual experiences a mild degree of problems with work functioning.
- 1** Individual may have some problems in work environment involving attendance, productivity, or relations with others. OR the individual is not currently working, but is motivated and is actively seeking work.  
A moderate degree of work problems including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with his/her work performance. OR although not working, the individual seems interested in doing so, but may have some anxiety about working.
- 2** A moderate degree of work problems including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with his/her work performance. OR although not working, the individual seems interested in doing so, but may have some anxiety about working.
- 3** A severe degree of work problems including aggressive behavior toward peers or superiors or severe attendance problems is evidenced. Individual may be recently fired or at very high risk of firing (e.g. on notice). OR the individual has a long history of unemployment.
- NA** Not applicable if the individual is a homemaker, student, or retired.

\*A rating of 1, 2 or 3 on this item will trigger the **Vocational/Career Module (2)**.

**SOCIAL FUNCTIONING** - This item rates social skills and relationships. It refers to the individual's current status in getting along with others in his/her life.

**Note:** Social function is different from Interpersonal strengths in that functioning is a description of how the individual/individual is doing currently. Strengths are longer term assets. An individual with friends may be struggling to get along with them currently.

**Questions to Consider**

- Currently, how well does the individual get along with others?
- Does s/he have unhealthy friendships?
- Does he/she tend to change friends frequently?

**Ratings & Definitions**

- 0** Individual has good relations with others.
- 1** Individual is having some minor problems with his/her social functioning, or has a history of problems in social relationships.
- 2** Individual is having some moderate problems with his/her social relationships that interfere with other life domains.
- 3** Individual is experiencing severe disruptions in his/her social relationships; may have no friends or have constant conflict in relations with others.

**RECREATIONAL-** This item rates the individual's access to and/or participation in activities which are meaningful to and provide a sense of positive self-esteem.

**Questions to Consider**

- What activities is the individual involved in?
- Are there barriers to participation in extracurricular activities?
- How does the individual use his/her free time?

**Ratings & Definitions**

- 0** No evidence of any problems with recreational functioning. Individual has access sufficient activities that he/she enjoys.
- 1** Individual is doing adequately with recreational activities although some problems may exist.
- 2** Individual is having moderate problems with recreational activities. Individual may experience some problems with effective use of leisure time.
- 3** Individual has no access to or interest in recreational activities. Individual has significant difficulties making use of leisure time.

**DEVELOPMENTAL FUNCTIONING\*** - This item rates the presence of any Developmental/Intellectual Disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders.

**Questions to Consider**

- Does the individual’s growth and development seem healthy?
- Has the individual been screened for any developmental problems?

**Ratings & Definitions**

- 0** No evidence of developmental delay and/or individual has no developmental problems.

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- 1** Individual has some problems with immaturity, or there are concerns about possible developmental delay. Mild deficits in adaptive functioning are indicated.

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- 2** Individual has mild developmental delays (deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability. (If available, IQ =/< 70.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

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- 3** Individual has severe to profound intellectual disability (IQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

\*A rating of 1, 2 or 3 on this item will trigger the **Developmental Needs Module (3)**.

**INTIMATE RELATIONSHIPS** - This item rates the individual’s current status in terms of romantic/intimate relationships.

**Questions to Consider**

- Is individual in romantic partnership or relationship at this time?
- What is the quality of this relationship?
- Does individual see relationship as source of comfort/strength or source of distress/conflict?

**Ratings & Definitions**

- 0** Adaptive partner relationship. Individual has a strong, positive, partner relationship.

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- 1** Mostly adaptive partner relationship. Individual has a generally positive partner relationship.

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- 2** Limited adaptive partner relationship. Individual is currently not involved in any partner relationship.

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- 3** Significant difficulties with partner relationships. Individual is currently involved in a negative, unhealthy relationship.

**LONELINESS** - This item describes the individual’s feelings or perception of loneliness. This not exclusively a social isolation item as some individual are comfortable with or seek out some level of social isolation that others might find uncomfortable.

**Questions to Consider**

- Does the individual express any feelings of loneliness?
- Is the individual’s loneliness causing difficulties in his/her functioning?

**Ratings & Definitions**

- 0** There is no evidence that the individual is experiencing any loneliness.

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- 1** Individual experiences some loneliness by it does not interfere with his/her life, or the individual might be socially isolated but not reporting any feeling of loneliness.

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- 2** Individual has expressed a level of loneliness that is interfering with functioning in at least one life domain.

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- 3** Individual is expressing severe loneliness. This may be either a symptom of or a cause of depression or other mental health challenges. The individual’s experience of loneliness is either disabling or so severe as to create worries about the individual’s personal safety.

**INDEPENDENT LIVING SKILLS** - This item describes the individual's ability to do relevant activities of daily living (e.g., money management, cooking, housekeeping, and/or finding transportation, etc.).

**Questions to Consider**

- Does individual know how to take care of him/herself?
- Is s/he responsible when left unsupervised?
- Is s/he developing skills to eventually be able to live in an apartment by themselves?
- Or, if living on his/her own, how well can is his/her home maintained?

**Ratings & Definitions**

- 0** Individual is fully capable of independent living. There is no evidence of any deficits that could impede maintaining individual's own home.
- 1** This level indicates a person with mild impairment of independent living skills. These problems are generally addressable with training or supervision.
- 2** This level indicates a person with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing him-/herself when unsupervised. Problems are generally addressable with in-home services and supports.
- 3** This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given his/her current status. Problems require a structured living environment.

**RESIDENTIAL STABILITY** - This item rates the current and likely future housing circumstances for the individual. If the individual lives independently, his/her history of residential stability can be rated.

**Questions to Consider**

- Is individual staying in temporary housing, homeless shelter, transitional housing or looking for new housing due to eviction, being "kicked out of family home", or running away from family home?

**Ratings & Definitions**

- 0** There is no evidence of residential instability. The individual has stable housing for the foreseeable future.
- 1** The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.
- 2** The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.
- 3** The individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

**LEGAL** - This item rates the individual's involvement with the criminal justice system.

**Questions to Consider**

- Has the individual been arrested?
- Is the individual been on probation?
- Are there charges pending against the individual?

**Ratings & Definitions**

- 0** Individual has no known legal difficulties.
- 1** Individual has a history of legal problems but currently is not involved with the legal system.
- 2** Individual has some legal problems and is currently involved in the legal system.
- 3** Individual has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.

**SLEEP** - This item rates the individual's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Nightmares should be considered a sleep issue. Not getting enough sleep due to overwork or a substance use challenge also would be rated here.

**Questions to Consider**

- Does the individual appear rested?
- Is he/she often sleepy during the day?
- Does he/she have frequent nightmares or difficulty sleeping?
- How many hours does the individual sleep each night?

**Ratings & Definitions**

- 0** There is no evidence of problems with sleep. Individual gets a full night's sleep each night.

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- 1** Individual has some problems sleeping. Generally, individual gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.

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- 2** Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep.

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- 3** Individual is generally sleep deprived. Sleeping is almost always difficult for the individual and s/he is not able to get a full night's sleep.

**SELF-CARE** - This item is used to describe an individual's current ability to perform basic self care activities such as bathing, grooming, feeding, and toileting. Problems are rated regardless of the cause of them. Trauma, poverty and physical impairment may complicate the issue of self-care.

**Questions to Consider**

- Does individual require verbal prompting to manage ADLs activities of daily living (dressing, grooming)?
- Does individual require daily or physical prompting to manage ADL's?

**Ratings & Definitions**

- 0** No evidence of self-care impairments. This is characterized by the ability to independently complete all activities of daily living such as bathing, grooming, dressing, cooking, and managing personal finances.

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- 1** A mild degree of impairment with self-care. This is characterized by self-care difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well being.

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- 2** A mild degree of impairment with self-care. This is characterized by self-care difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well being.

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- 3** A significant degree of self-care impairment. This is characterized by extreme disruptions in multiple self-care skills. The person's self-care abilities are sufficiently impaired that he/she represents an immediate threat to himself/herself and requires 24-hour supervision to ensure safety. (Suicidal or homicidal ideation or behavior would not be coded here, however, an acute eating disorder would be coded here).

**JUDGMENT/DECISION-MAKING** - This item describes the individual's judgment. This item should reflect the degree to which an individual can concentrate on issues, think through decisions, anticipate consequences of decisions, and follow-through on decisions.

**Questions to Consider**

- How is the individual's judgment and ability to make good decisions?
- Does s/he typically make good choices for him/herself?
- Do his/her choices ever result in harm to the individual or others?

**Ratings & Definitions**

- 0** There is no evidence of any problems with decision-making.

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- 1** Mild to moderate problems with decision-making are indicated. Individual may have some challenges with thinking through problems or concentrating.

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- 2** Significant problems with decision-making. Individual may be struggling with thinking through problems, anticipating consequences or concentrating.

---

- 3** Profound problems with decision-making are evident. Individual is currently unable to make decisions.

**INVOLVEMENT IN RECOVERY** - This item refers to the individual's participation in efforts to address his/her identified needs.

**Questions to Consider**

- Is the individual aware of his/her needs and strengths?
- How does individual understand his/her needs and challenges?
- Does the individual attend sessions willingly and participate fully?

**Ratings & Definitions**

- 0** Person who is fully involved in his/her recovery. He or she has identified treatment choices and fully participates.
- 1** Person is generally involved in his/her recovery. He or she participates in treatment but does not actively exercise choice.
- 2** Person is marginally involved in his/her recovery. He or she is minimally involved in treatment.
- 3** Person is uninvolved in his/her recovery. He or she is currently not making effort to address needs.

**TRANSPORTATION** - This item rates the level of transportation required to ensure that the individual could effectively participate in his/her own treatment and in other life activities

**Questions to Consider**

- Does individual have reliable transportation?
- Are there any barriers to transportation?

**Ratings & Definitions**

- 0** The individual has no transportation needs.
- 1** The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.
- 2** The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.
- 3** The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

**MEDICATION INVOLVEMENT** - This item focuses on the individual's involvement in using prescription medication. It refers to the how well the individual is managing his/her physical and/or emotional medication supports. This includes how side effects may affect his/her functioning and general knowledge about the medications taken.

**Questions to Consider**

- Does individual require verbal prompting to manage medications?
- Does individual need more intensive interventions to manage medication in safe manner? i.e. receiving medication by RN through office or home visitation interventions?
- Does individual misuse or is there a suspicion individual may be selling medications?

**Ratings & Definitions**

- 0** Individual takes medications as prescribed without assistance or has not been prescribed any medication.
- 1** Individual usually takes medications as prescribed but may intermittently stop, skip or forget to take medications, without causing instability of the underlying medical condition(s); he/she may benefit from reminders and checks to consistently take medications.
- 2** Individual takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; he/she may benefit from direct supervision of medication.
- 3** Individual does not take medication(s) prescribed for management of underlying medical conditions and his/her underlying medical conditions are not well controlled.

**PARENTAL/CAREGIVING ROLE\*** - This item describes the individual in any parental/caregiver role. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role. An adult whose children are in the custody of child welfare, but who retains parental rights, would be rated in a parental role.

**Questions to Consider**

- Does the individual have younger siblings, minor children, or dependent adults whom he/she is providing significant caregiving responsibilities?
- Is individual able to effectively meet caregiving responsibilities or is s/he struggling or feeling overwhelmed and requiring significant external supports at this time?

**Ratings & Definitions**

- NA** The individual has no role as a parent/caregiver.

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- 0** The individual has a parenting/caregiving role, and he/she is functioning appropriately in that role. There is no evidence of a problem with parenting or care giving.

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- 1** The individual has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.

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- 2** The individual has responsibilities as a parent/caregiver, and the person is currently unable to meet these responsibilities, or these responsibilities are currently interfering with the individual's functioning in other life domains.

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- 3** The individual has responsibilities as a parent/caregiver, and the individual is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the individual to function in other life domains. The individual has the potential of abuse or neglect in his/her parenting/caregiving.

\*A rating of 1, 2 or 3 on this item will trigger the **Parenting/Caregiving Role Module (4)**.

## Strengths

This domain describes the assets of the individual that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing an individual's strengths while also addressing his or her behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the individual's needs. Identifying areas where strengths can be built is a significant element of service planning.

In these items the 'best' assets and resources available to the individual are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

**For Strengths, the following categories and action levels are used:**

- 0 = Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
- 1 = Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
- 2 = Strengths have been identified but require significant strength building efforts before it can be effectively utilized as part of a plan.
- 3 = No current strength is identified; efforts are needed to identify potential strengths.

**Question to Consider for this Domain:** What are the individual's assets that can be used in treatment planning to support healthy development? **Please rate the highest level from the past 30 days.**

**FAMILY STRENGTHS/SUPPORT** - This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Relationships, the definition of family comes from the individual's perspective (i.e., who the individual describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the individual is still in contact.

**Questions to Consider**

- How do family members communicate with each other?
- How do family members show support for each other in the family?
- Is there a family member that the individual can go to in time of need for support? That can advocate for the individual?
- Is there potential to develop positive family relationships

**Ratings & Definitions**

- 0** Family has one or more strong supportive relationships where communication is effective. Family members are central in each other's lives.

---

- 1** A moderate level of family strengths is present. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.

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- 2** A slight level of family strengths is indicated. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.

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- 3** No evidence of any family relationships as a strength at this time or the individual has no identified family, or the family requires significant assistance to develop supportive relationships and their ability to communicate.

**INTERPERSONAL/SOCIAL CONNECTEDNESS** - This item is used to identify an individual's social and relationship skills.

**Questions to Consider**

- Does the individual have the trait ability to make friends?
- Do you feel that the individual is pleasant and likeable?
- Do adults or other individuals like him/her?

**Ratings & Definitions**

- 0** Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships. The individual is seen as well liked by others and has significant ability to form and maintain positive relationships. The individual has multiple close friends and is friendly with others.
- 1** Individual has good interpersonal skills and has shown the ability to develop healthy friendships. The individual has formed positive interpersonal relationships with peers and other non-caregivers. The individual may currently have no friends, but has a history of making and maintaining friendships with others.
- 2** Mild level of interpersonal strengths. The individual has some social skills that facilitate positive relationships with peers and has a history of making and maintaining healthy friendships with others, but may not have any current healthy relationships.
- 3** There is no evidence of observable interpersonal skills or healthy friendships at this time and/or individual requires significant help to learn to develop interpersonal skills and healthy friendships.

**OPTIMISM (HOPEFULNESS)** - This rating should be based on the individual's sense of his/her own future. This is intended to rate the individual's positive future orientation.

**Questions to Consider**

- Does s/he have a generally positive outlook on things; have things to look forward to?
- How does s/he see her/himself in the future?
- Is s/he forward looking and see her/him as likely to be successful?

**Ratings & Definitions**

- 0** Individual has a strong and stable optimistic outlook for his/her future.
- 1** Individual is generally optimistic about his/her future.
- 2** Individual has difficulty maintaining a positive view of him/herself and his/her life. Individual's outlook may vary from overly optimistic to overly pessimistic.
- 3** There is no evidence of optimism at this time and/or individual has difficulties seeing positive aspects about him/herself or his/her future.

**TALENTS AND INTERESTS** - This item refers to hobbies, skills, artistic interests and talents that are positive ways that individuals can spend their time, and also give them pleasure and a positive sense of self.

**Questions to Consider**

- What does the individual do with free time?
- What does s/he enjoy doing?
- Is s/he engaged in any pro-social activities?
- What are the things that the individual does particularly well?

**Ratings & Definitions**

- 0** Individual has a talent that provides him/her with pleasure and/or self-esteem. An individual who receives a significant amount of personal benefit from activities surrounding a talent would be rated here.
- 1** Individual has a talent, interest, or hobby that has the potential to provide him/her with pleasure and self-esteem.
- 2** Individual has expressed interest in developing a specific talent, interest or hobby even if he/she has not developed that talent to date.
- 3** There is no evidence of identified talents, interests or hobbies at this time and/or individual requires significant assistance to identify and develop talents and interests.

**EDUCATIONAL** - This item is used to refer to the strengths of the school/vocational training environment and may or may not reflect any specific educational/work skills possessed by the individual.

**Questions to Consider**

- Is the individual engaged in education/training plans for his/her future? Does he/she have enough support in these plans?
- How is the education/training program helping the individual with his/her goals?

**Ratings & Definitions**

- NA** Participation in an educational or vocational training program is not necessary for the individual to achieve his/her career aspirations.

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- 0** Individual is in school or a training program and is involved with an educational plan or work environment that appears to exceed expectations. The school works exceptionally well with the individual and family to create an effective learning environment.

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- 1** This level indicates an individual who is in school or a training program; however, there have been problems such as tardiness, absenteeism, reductions in productivity, or conflict with supervisors or instructors.

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- 2** This level indicates an individual who is in school or a training program, but has a plan that does not appear to be effective.

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- 3** This level indicates an individual who has dropped out of school or training program. Completing school or a vocational program is required to meet individual's career aspirations.

**VOLUNTEERING** - his item describes the degree to which an individual is involved in volunteer activities that give back to the community.

**Questions to Consider**

- Does the individual participate in volunteer activities? At what frequency?
- Does the individual understand the importance of giving back to others and/or community?

**Ratings & Definitions**

- 0** Individual understands the importance of giving back to others and actively seeks out and engages in volunteer activities on a regular basis (e.g. at least once a month).

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- 1** Individual understands the importance of giving back to others but does not actively seek out volunteer activities. The individual only engages in volunteer activities sporadically (e.g., one or twice per year).

---

- 2** Individual is starting to understand the importance of giving back to others. The individual has never engaged in any volunteer activities.

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- 3** Individual does not value giving back to others and refuses to engage in volunteer activities.

**JOB HISTORY** - This item describes the individual's experience with paid employment.

**Questions to Consider**

- Has the individual ever worked or have work experience?
- Does the individual have previous employers that will be willing to recommend him/her?

**Ratings & Definitions**

- 0** Individual has significant job history with positive outcomes. He/she is currently employed as a valued employee.

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- 1** Individual has held jobs of a reasonable period of time and has former employers willing to recommend him/her for future employment.

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- 2** Individual has some work history; however it is marked by periodic job loss.

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- 3** Individual has no positive work history.

**SPIRITUAL/RELIGIOUS** - This item refers to the individual's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the individual; however an absence of spiritual/ religious beliefs does not represent a need for the individual.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ Does the individual have spiritual beliefs that provide comfort?</li> <li>→ Is the family involved with any religious community? Is the individual involved?</li> <li>→ Is individual interested in exploring spirituality?</li> </ul>	<p><b>0</b> This level indicates an individual with strong religious and spiritual strengths. The individual may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times.</p> <hr/> <p><b>1</b> This level indicates an individual with some religious and spiritual strength. The individual may be involved in a religious community.</p> <hr/> <p><b>2</b> This level indicates an individual with few spiritual or religious strengths. The individual may have little contact with religious institutions.</p> <hr/> <p><b>3</b> This level indicates an individual with no known spiritual or religious strengths or involvement.</p>

**COMMUNITY CONNECTION** - This item reflects the individual's connection to people, places or institutions in his or her community. Community connections are different from how the individual functions in the community. An individual's connection to the community is assessed by the degree to which the individual is involved with the institutions of that community which may include, but are not limited to, community centers, little league teams, jobs, after school activities, religious groups, etc. Connections to a community through specific people (i.e. friends and family) could be considered an important community connection if many people who are important to the individual live in the same neighborhood.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ Does the individual feel like he/she is a part of a community?</li> <li>→ Are there activities that the individual does in the community?</li> <li>→ Are the individual active in the community?</li> <li>→ Is the individual a member of a community organization or group?</li> </ul>	<p><b>0</b> Individual with extensive and substantial long-term ties with the community and/or support. For example, involvement in a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities or informal networks.</p> <hr/> <p><b>1</b> Individual with significant community ties and/or support although they may be relatively short-term (i.e., past year).</p> <hr/> <p><b>2</b> Individual with limited ties and/or supports from the community.</p> <hr/> <p><b>3</b> Individual with no known ties or supports from the community.</p>

**NATURAL SUPPORTS** - Refers to unpaid helpers in the individual's natural environment. All family members and paid caregivers are excluded.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ Who does the individual turn to for help?</li> <li>→ Who does the individual consider to be a support?</li> <li>→ Does the individual have non-family members in his/her life that are positive influences?</li> </ul>	<p><b>0</b> Individual has significant natural supports that contribute to helping support the individual's healthy development.</p> <hr/> <p><b>1</b> Individual has identified natural supports that provide some assistance in supporting the individual's healthy development.</p> <hr/> <p><b>2</b> Individual has some identified natural supports however he/she is not actively contributing to the individual's healthy development.</p> <hr/> <p><b>3</b> Individual has no known natural supports (outside of family and paid caregivers).</p>

**RESILIENCE** - This item rates individual's ability to recognize his or her internal strengths and use them in times of need or to support his or her own healthy development. The concept of resiliency evaluated here is strongly related to supporting individual's problem solving, or utilizing his/her own special skills and talents to advance one's healthy development.

**Questions to Consider**

- What does the individual do well?
- Does s/he recognize those skills as strengths?
- Is s/he able to use strengths and problem-solve for her/himself?

**Ratings & Definitions**

- 0** This level indicates an individual who is able to identify and use internal strengths to better him/herself and successfully manage difficult challenges.
- 1** This level indicates an individual who can identify most of his/her internal strengths and is able to partially utilize them.
- 2** This level indicates an individual who can identify internal strengths but is not able to utilize them effectively.
- 3** This level indicates an individual who cannot identify internal personal strengths.

**RESOURCEFULNESS** - This rating should be based on the individual's ability to identify and use external or environmental strengths and use them to promote healthy development.

**Questions to Consider**

- How does the individual solve problems?
- What resources are available to the individual and how does he/she use them?
- How the individual get his/her needs does met?

**Ratings & Definitions**

- 0** Individual is quite skilled at finding the necessary resources required to aid him/her in his/her managing challenges.
- 1** Individual has some skills at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
- 2** Individual has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
- 3** Individual has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

## Cultural Factors

Items in the Cultural Factors domain describe difficulties that individuals may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization and outcomes between groups. Culture in this domain is defined broadly to include cultural groups that are racial, ethnic or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparity states that race and/or ethnic group membership may be a primary influence on health outcomes.

It is important to remember when using the ANSA that the family should be defined from the individual client's perspective (who the individual describes as part of her/his family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

**For Cultural Factors, the following categories and action levels are used:**

0 = A dimension where there is no evidence of any needs.

1 = An identified need that requires monitoring, watchful waiting, or preventive activities.

2 = Action or intervention is required to ensure that the identified need is addressed.

3 = Intensive, immediate action is required to address the need.

**Question to Consider for this Domain:** How does the Individual's membership to a particular cultural group impact his or her stress and wellbeing? **Please rate the highest level from the past 30 days**

**LANGUAGE** - This item looks at whether the Individual and family need help to communicate with you or others in English. This item includes spoken, written, and sign language, as well as addresses issues of literacy.

**Questions to Consider**

- What language does the family speak at home?
- Is there an individual interpreting for the family in situations that may compromise the Individual or family's care?
- Is information presented in treatment plan documents, legal documents, and case conference discussions in the language preferred by the family?
- Does the Individual or significant family members have any difficulty communicating (either because English is not their first language or s/he uses ASL, Braille, or assisted technology)?

**Ratings & Definitions**

- 0** No evidence that there is a need or preference for an interpreter or bilingual services and/or the Individual and family speak, hear and read English.
- 1** Individual and/or family speak or read English, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
- 2** Individual and/or significant family members possess only limited ability to speak and/or read English. While basic communication may be possible, a bilingual provider or interpreter is needed to assure that adequate communication is possible for extensive work.
- 3** Individual and/or significant family members do not speak English. A bilingual provider or interpreter is needed for all communication.

**CULTURAL IDENTITY** - This item refers to an Individual's feelings about her/his cultural identity. This cultural identity may be defined by a number of factors including race, religion, sexual orientation, gender identity, ethnicity, geography or lifestyle. This item measures extent to which feelings related to cultural identity cause stress or influence the behavior of the Individual.

**Questions to Consider**

- Does the Individual identify with any racial/ ethnic/cultural group? Does the Individual find this group a source of support?
- Does the Individual ever feel conflicted about her/his racial/ethnic/cultural identity?
- Does the Individual feel pressure to join/leave a racial/ethnic/cultural subgroup for another?
- Does the Individual openly denigrate members of her/his own group?

**Ratings & Definitions**

- 0** No evidence of an issue with the Individual's cultural identity or Individual has a strong and positive racial/ethnic/cultural identity.

---

- 1** Individual has struggled in the past with her/his group membership, but is presently comfortable with her/his identity or there are mild issues related to identity.

---

- 2** Individual expresses some distress or conflict about her/his racial/ethnic/cultural identity that interferes with the Individual's or family's functioning.

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- 3** Individual expresses significant distress or conflict about her/his racial/ethnic/cultural identity. Individual may reject her/his cultural group identity, which severely interferes with the Individual or family's functioning and/or requires immediate action.

**CULTURAL TRADITIONS AND RITUALS** - This item rates the Individual's access to and participation in cultural rituals and practices, including the celebration of culturally specific holidays such as kwanza, Cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).

**Questions to Consider**

- What holidays does the Individual's family celebrate?
- What traditions are important to the Individual and his/her significant others?
- Does the Individual or significant others fear discrimination for practicing their rituals and traditions?

**Ratings & Definitions**

- 0** Individual and significant others are consistently able to practice rituals consistent with their cultural identity.

---

- 1** Individual and significant others are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.

---

- 2** Individual and significant others experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.

---

- 3** Individual and significant others are unable to practice rituals consistent with their cultural identity.

**CULTURAL STRESS** - This item identifies circumstances in which the individual's cultural identity is met with hostility or other problems within his/her environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the individual and his/her family). Racism, homophobia, gender bias and other forms of discrimination would be rated here. This also includes lack of access to resources due to culture.

**Questions to Consider**

- Does the Individual feel discriminated against because of his/her culture?
- Does he/she experience any stress related to culture, identity or rituals?

**Ratings & Definitions**

- 0** No evidence of stress between the individual's cultural identity and current living situation.

---

- 1** Some mild or occasional stress resulting from friction between the individual's cultural identify and his/her current living situation.

---

- 2** Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. He/she needs support to learn how to manage culture stress.

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- 3** Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. He/she needs immediate plan to reduce culture stress.

## Behavioral Health Needs

These ratings identify the behavioral health needs of the individual. While the ANSA is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This definition is consistent with the ratings of '2' or '3' as defined by the action levels below.

**For Behavioral Health Needs, the following categories and action levels are used:**

- 0 = A dimension in which there is not current need; no need for action/intervention.
- 1 = Identified need indicates mild problems; requires monitoring, watchful waiting, or preventive activities.
- 2 = Identified need indicates moderate problems; action or intervention is required to ensure that the identified need is addressed.
- 3 = A dimension that indicates significant problem; requires immediate or intensive action.

**Question to Consider for this Domain:** What are the presenting social, emotional and behavioral needs of the individual? **Please rate based on the last 30 days.**

**PSYCHOSIS (THOUGHT DISORDER)** - The primary symptoms of psychosis include hallucinations (experiencing things others do not experience), delusions (a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), or bizarre behavior. The most common form of hallucinations is tactile, followed by auditory, and then visual.

**Questions to Consider**

- Has the individual ever talked about hearing, seeing or feeling something that was not actually there?
- Has the individual ever done strange or bizarre things that made no sense?
- Does the individual have strange beliefs about things?

**Ratings & Definitions**

- 0** No evidence of psychotic symptoms. Both thought processes and content are within normal range.
- 1** Evidence of mild disruption in thought processes or content. Individual may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes individuals with a history of hallucinations but none currently.
- 2** Evidence of moderate disturbance in thought process or content. Individual may be somewhat delusional or have brief intermittent hallucinations. Speech may be at time quite tangential or illogical.
- 3** Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the individual or others at risk of physical harm.

**IMPULSE CONTROL** - This item rates behavioral symptoms associated with impulsiveness, i.e. loss of control of behaviors, which includes, but is not limited to Intermittent Explosive Disorder, Borderline Personality Disorder, and disorders of impulse control. Individuals with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire starting, stealing, or self-abusive behavior.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ Is the individual unable to sit still for any length of time?</li> <li>→ Does she/he have trouble paying attention for more than a few minutes?</li> <li>→ Is the individual able to control him/herself?</li> <li>→ Does the individual report feeling compelled to do something despite negative consequences</li> </ul>	<p><b>0</b> Individual with no evidence of impulse problems. He/she is able to regulate and self-manage behavior and affect.</p> <hr/> <p><b>1</b> Individual with evidence of mild problems with impulse control. He/she may have some difficulties with sitting still or paying attention or may occasionally engage in impulsive behavior.</p> <hr/> <p><b>2</b> Individual with moderate impulse control problems. An individual who meets DSM diagnostic criteria for impulse control disorder would be rated here. Persons who use poor judgment or put themselves in jeopardy would be rated here (e.g., picking fights).</p> <hr/> <p><b>3</b> Individual with severe impulse control problems. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g., running into the street and dangerous driving).</p>

**DEPRESSION** - Symptoms included in this item are depressed mood, social withdrawal, anxious, sleep disturbances, weight/eating disturbances, and loss of motivation.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ Is individual concerned about possible depression or chronic low mood and irritability?</li> <li>→ Has she/he withdrawn from normal activities?</li> <li>→ Does the individual seem lonely or not interested in others?</li> </ul>	<p><b>0</b> No evidence of problems with depression.</p> <hr/> <p><b>1</b> Individual with mild depression. This could include brief duration of depression, irritability, or impairment of peer, family, vocational or academic function that does not lead to extreme avoidance behavior.</p> <hr/> <p><b>2</b> Individual with a moderate level of depression. This level is used to rate individuals who meet the criteria for an affective (mood) disorder as listed above.</p> <hr/> <p><b>3</b> Individual with a severe level of depression. This would include a person who stays at home or in bed all day due to depression or whose emotional symptoms prevent any participation in school/work, social settings, or family life. More severe forms of depressive diagnoses would be coded here. This level is used to indicate a person who is disabled in multiple life domains by his/her depression.</p>

**ANXIETY** - This item rates evidence of symptoms characterized by worry, dread, or panic attacks.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ Does the individual have any problems with anxiety or fearfulness?</li> <li>→ Is s/he avoiding normal activities out of fear?</li> <li>→ Does the individual act frightened or afraid?</li> <li>→ Does the individual worry a lot?</li> </ul>	<p><b>0</b> This rating is given to an individual with no evidence of problems with anxiety.</p> <hr/> <p><b>1</b> This level is used to rate either a mild phobia or anxiety problem or a level of symptoms that is below the threshold for the other listed disorders.</p> <hr/> <p><b>2</b> This could include major conversion symptoms, frequent anxiety attacks, obsessive rituals, flashbacks, hypervigilance, or school/work avoidance.</p> <hr/> <p><b>3</b> This rating is given to an individual with a severe level of anxiety. This would include a person who stays at home or in bed all day due to anxiety or whose emotional symptoms prevent any participation in school/work, social settings, or family life. More severe forms of anxiety disorder diagnoses would be coded here. This level is used to indicate a person who is disabled in multiple life domains by his/her anxiety.</p>

**MANIA** - Symptoms included in this dimension are mood disturbance (including elevated/expansive, but also depressive at times) , increase in energy, decrease in sleep, pressured speech, racing thoughts and grandiosity that are characteristic of mania.

**Questions to Consider**

- Does the individual have periods of feeling super happy/excited for hours or days at a time? Have periods of feeling very angry/cranky for hours or days at a time?
- Does the individual have periods of time that you feel like you don't need to sleep or eat? Have extreme behavior changes?

**Ratings & Definitions**

- 0** No evidence of mania or manic behavior.  
This rating is given to an individual with mild mania. Brief duration of mania, irritability, or impairment of peer, family, vocational or academic function that does not lead to gross manic behavior.
- 1** This rating is given to an individual with a moderate level of mania. This level is used to rate individuals who meet the criteria for an affective disorder.  
This rating is given to an individual with a severe level of mania. For example, the individual may be wildly over- spending, rarely sleeping, or pursuing a special "mission" that only he or she can accomplish. Functioning in multiple domains, such as school/ work, social settings and family are severely compromised. The manic episode rated here could include psychotic symptoms.
- 2**
- 3**

**PERSONALITY CHALLENGES** - This rating identifies problems with relating to other people including significant manipulative behavior, social isolation, or significant conflictual relationships.

**Questions to Consider**

- Is the individual being currently treated for personality disorder or have a diagnosis of one?
- Is individual experiencing overwhelming anger or fear around others abandoning them? Or have relationships that are often very intense but not very stable?

**Ratings & Definitions**

- 0** No evidence of symptoms of interpersonal problems.  
Evidence of mild degree, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here. Or, some evidence of mild antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.
- 1** Evidence of sufficient degree of personality disorder to warrant a DSM diagnosis.  
Evidence of severe interpersonal problems that have significant implications for the individual's long-term functioning. Personality disorder dramatically interferes with the individual's ability to function independently.
- 2**
- 3**

**ANTISOCIAL BEHAVIOR (Noncompliance with Society's Rules)** - These symptoms include anti social behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault.

**Questions to Consider**

- Has the individual ever gotten in trouble for stealing?
- Has anyone told you that the individual has been part of any criminal behavior (e.g. vandalism, robbery) with or without police involvement?
- Has the individual shown violent or threatening behavior towards others (including animals)?

**Ratings & Definitions**

- 0** This rating indicates an individual with no evidence of antisocial disorder.  
This rating indicates an individual with a mild level of conduct problems. Some difficulties in school/work and home behavior. Problems are recognizable but not notably deviant. This might include occasional lying or petty theft from family.
- 1** This rating indicates an individual with a moderate level of conduct disorder. This could include episodes of planned aggression or other antisocial behavior.  
This rating indicates an individual with a severe Antisocial Personality Disorder.
- 2** This could include frequent episodes of unprovoked, planned aggression or other antisocial behavior.
- 3**

**ANGER CONTROL** - This item captures the individual's ability to identify and manage his/her anger when frustrated.

**Questions to Consider**

- How does the individual control his/her emotions?
- Does s/he get upset or frustrated easily?
- Does he/she overreact if someone criticizes or rejects him/her?
- Does the individual seem to have dramatic mood swings

**Ratings & Definitions**

- 0** No evidence of any significant anger control problems.  
Some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
- 1** Moderate anger control problems. Individual's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
- 2** Severe anger control problems. Individual's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.
- 3**

**SUBSTANCE USE\*** - This item includes use of alcohol and other drugs, the misuse of prescription medications and the inhalation of any substance. This item is rated consistently with DSM Substance Related Disorders. This item does not apply to the use of tobacco or caffeine.

**Questions to Consider**

- Has the individual used alcohol or any kind of drugs on more than an experimental basis?
- Do you suspect that the individual may have an alcohol or drug use problem?
- Has anyone reported that they think the individual might be using alcohol or drugs?

**Ratings & Definitions**

- 0** This rating is for an individual who has no notable substance use history or difficulties at the present time.  
This rating is for an individual with **mild** substance use problems that might occasionally present problems of living for the person (intoxication, loss of money, reduced work/school performance, parental concern). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.
- 1** This rating is for an individual with a **moderate** substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
- 2** This rating is for an individual with a **severe** substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the individual. Immediate and/or intensive interventions are indicated.
- 3**

\*A rating of 1, 2 or 3 on this item will trigger the **Substance Abuse Module (5)**.

**Supplemental Information:** Substance Dependence is characterized by a pattern of maladaptive substance use, leading to significant impairment or distress as evidenced by tolerance to the substance, withdrawal, increase in amount taken, desire to or unsuccessful efforts to cut down, a great deal of time is spent in activities necessary to obtain the substance, important social, educational, or recreational activities are given up or reduced because of substance use, and the substance use is continued despite knowledge of having a persistent or recurrent problem.

**EATING DISTURBANCE** - This item rates symptoms including problems with eating such as disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating and hoarding food.

**Questions to Consider**

- How does the individual feel about his/ her body?
- Does s/he seem to be overly concerned about his/her weight?
- Does s/he ever refuse to eat, binge eat, or hoard food?
- Has the individual ever been hospitalized for eating related issues

**Ratings & Definitions**

- 0** No evidence of eating disturbances.

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- 1** There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.

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- 2** Moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).

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- 3** More severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

**Supplemental Information:** Anorexia is characterized by: refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. Repeated bingeing and getting rid of the extra calories from bingeing by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterize bulimia.

**SOMATIZATION** - These symptoms include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

**Questions to Consider**

- Does the individual have any physical complaints? Do these physical complaints have a physical or medical cause?
- Does the individual's physical symptoms recur and cause disturbance in his/her functioning?

**Ratings & Definitions**

- 0** No evidence of somatic symptoms.

---

- 1** There is a history, suspicion or mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.

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- 2** Moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This individual may meet criteria for a somatoform disorder. Additionally, he/she could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).

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- 3** Severe somatic symptoms causing significant disturbance in work, social or another area of functioning. This could include significant and varied symptomatic disturbance without medical cause.

**ADJUSTMENT TO TRAUMA\*** - This rating covers the reactions of individuals to a variety of traumatic or other adverse experiences. This is a cause and effect item that describes how the individual is currently adjusting to previously experienced trauma. Trauma exposure could have occurred any time in the past. This dimension covers both the DSM diagnoses of Adjustment Disorders and Posttraumatic Stress Disorder as well as a range of other significant symptoms that may be related to trauma history.

**Note:** This item should be rated 1 -3 for individuals who are exhibiting any symptoms related to a traumatic or adverse experience in their past. This item allows you to rate the overall severity of the broad range of symptoms they may be experiencing. The remaining items in the ANSA will allow you to rate the specific types of symptoms.

**Questions to Consider**

- Has individual experienced a traumatic event?
- Does s/he experience frequent nightmares?
- Is s/he troubled by flashbacks?
- Is s/he unusually afraid of being alone, or of participating in normal activities

**Ratings & Definitions**

**0** No evidence of problems associated with traumatic life events.

The individual has some mild adjustment problems and exhibits some signs of distress. This may include one or mental health problems (such as depression, sleep problems) that may be associated with their trauma history. Individual may also be in the process of recovering from a more extreme reaction to a traumatic experience.

**1**

The individual has moderate level, marked adjustment problems and is symptomatic in response to recent or past traumatic event(s) (e.g., anger, depression, and anxiety). Symptoms can vary widely and may include sleeping or eating disturbances, avoidance, anxiety, depression, behavior problems, or problems with attachment. Individual may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including, but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) and Adjustment Disorder.

**2**

The individual has severe symptoms as a result of traumatic or adverse experiences that require immediate or intensive attention. The individual likely meets criteria for more than one diagnosis, including but not limited to PTSD or have a range of other symptoms consistent with complex trauma (e.g. problems with affect, dissociation, interpersonal functioning, disturbed sense of self, etc.). Individuals who have been exposed to multiple and chronic interpersonal trauma may experience traumatic stress symptoms, as well as other behavioral health needs (depression, anxiety, interpersonal and substance use), higher risk behaviors, (suicide self-mutilation, aggression, and sexually reactive behaviors), and functional problems (family, employment, social and community functioning).

**3**

\*A rating of 1, 2 or 3 on this item will trigger the **Traumatic Stress Symptoms Module (6)**.

**Supplemental information:** Symptoms of PTSD include the following: **(1)** The traumatic event is re-experienced (e.g. recurrent and intrusive recollections, recurrent distressing dreams of the event, individual may re-enact the event, or act or feel as if the event were recurring, intense distress at exposure to either stimuli that reminds the person of the event). **(2)** Persistent avoidance of stimuli associated with the trauma (e.g. efforts to avoid thoughts, feelings, or conversations associated with the event, efforts to avoid activities, places or people that arouse recollections of the events, inability to recall an important aspect of the event, diminished interest or participation in significant activities, feeling of detachment or estrangement from others, restricted range of affect (e.g. unable to have loving feelings), or sense of foreshortened future (e.g. does not expect to finish school, have career, get married). **(3)** Marked arousal as indicated by difficulty falling asleep or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response.

## Risk Behaviors

Risk behaviors are type of things that can get individuals in trouble or put them in danger or harming themselves or others. Time frames in this section can change, particularly for the '1' and '3' ratings, **away from the standard 30-day rating window**.

**For Risk Behaviors the following categories and action levels are used:**

0 = No evidence of any needs; no reason to believe this item requires action.

1 = An identified need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.

2 = Action or intervention is required to ensure that the identified need or risk behavior is addressed.

3 = Intensive, immediate action is required to address the need or risk behavior.

**Question to Consider for this Domain:** Do the individual's behaviors put him/her at risk for serious harm? Please rate the highest level from the past 30 days.

**SUICIDE RISK\*** - This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This item rates overt and covert thoughts and efforts on the part of an individual to end his/ her life. Other self-destructive behavior is rated elsewhere. Please rate the highest level from the past 30 days. A rating of '2' or '3' would indicate the need for a safety plan.

### Questions to Consider

- Has the individual ever talked about a wish or plan to die or to kill him/herself?
- Has s/he ever tried to commit suicide?

### Ratings & Definitions

- 0** No evidence of suicide ideation.
- 1** There is a history or suspicion of, but no recent ideation or gesture.
- 2** Recent ideation or gesture but not in past 24 hours.
- 3** Current ideation and/or intent, or command hallucinations that involve self-harm

\*A rating of 1, 2 or 3 on this item will trigger the **Suicide Risk Module (7)**.

**SELF INJURIOUS BEHAVIOR** - This item is used to describe repetitive behavior that results in physical injury to the individual or adolescent, e.g. cutting, head banging, etc.

### Questions to Consider

- Has the individual ever talked about a wish or plan to hurt him/herself?
- Does the individual ever purposely hurt him/herself (e.g. cutting)?

### Ratings & Definitions

- 0** There is no evidence of any forms of intentional self-injury (e.g. cutting, burning, face slapping, head banging)
- 1** The individual has a history of intentional self-injury but none evident in the past 30 days.
- 2** The individual has engaged in intentional self-injury that does not require medical attention.
- 3** The individual has engaged in intentional self-injury that requires medical attention.

**OTHER SELF HARM (RECKLESSNESS)** - This item is used to describe and rate behavior not covered by either Suicide Risk or Self-Mutilation, in which the individual engages in reckless and dangerous behaviors that have significant potential to result in physical harm to self or others.

**Questions to Consider**

- Has the individual ever talked about or acted in a way that might be dangerous to him/herself (e.g. reckless behavior such as riding on top of cars, reckless driving, climbing bridges,)?

**Ratings & Definitions**

- 0** No evidence of behaviors (other than suicide or self-mutilation) that place the individual at risk of physical harm.

---

- 1** There is a history, suspicion or mild behavior (other than suicide or self-mutilation) that places individual at risk of physical harm such as reckless and risk-taking behavior that may endanger the individual.

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- 2** Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places him/her in danger of physical harm.

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- 3** Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places him/her at immediate risk of death.

**GRAVE DISABILITY** - This rating refers to an individual’s inability to provide for his or her basic personal needs (food, shelter, clothing) due to his or her mental illness.

**Questions to Consider**

- Does the individual have any difficulty providing for his/her basic needs?
- Is the individual unable to provide for his/her basic needs to a degree that it endangers him/her?

**Ratings & Definitions**

- 0** No evidence of behaviors that indicate the individual has difficulty providing for basic personal needs (e.g., food, shelter, clothing).

---

- 1** History of difficulty providing for basic physical needs, or currently having minor difficulty providing for needs in one area (food, shelter, clothing) but not to the extent that harm is likely.

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- 2** The individual has difficulty providing for basic physical needs. At risk of endangering him or herself (e.g., eating rotten food, unable to feed self, no, or unlivable housing, delusions about food or clothing, or too disorganized to feed or clothes self).

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- 3** Individual is currently unable to provide for food, clothing and shelter to the extent that he or she has endangered him or herself and there is evidence of physical harm.

**DANGER TO OTHERS\*** - This item rates the individual’s violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. Reckless behavior that may cause physical harm to others is not rated on this item.

**Questions to Consider**

- Has the individual ever injured another person on purpose?
- Does s/he get into physical fights?
- Has s/he ever threatened to kill or seriously injure another person?

**Ratings & Definitions**

- 0** No evidence of behavior that could be dangerous to others.

---

- 1** There is a history or suspicion of, or acts of mildly aggressive or threatening behavior.

---

- 2** Recent aggressive or threatening behavior: e.g. homicidal ideation, physically harmful aggression, or dangerous fire setting, but not within past 24 hours.

---

- 3** Acute homicidal ideation with a plan, physically harmful aggression, command hallucinations that involve harm to others, or the individual set a fire that placed others at significant risk of harm.

\*A rating of 1, 2 or 3 on this item will trigger the **Dangerousness Module (8)**.

**EXPLOITATION** - This item is used to examine a history and level of current risk for exploitation.

**Questions to Consider**

- Has the individual traded sexual activity for goods, money, affection or protection?
- Has the individual been a victim of human trafficking?

**Ratings & Definitions**

- 0** Individual with no evidence of recent exploitation and no significant history of exploitation within the past year. He/she may have been robbed or burglarized on one or more occasions in the past, but no pattern of exploitation exists. Person is not presently at risk for re-exploitation.
- 1** Individual with a history of exploitation but who has not been exploited or victimized to any significant degree in the past year. He/she is not presently at risk for re-exploitation.
- 2** Individual who has been recently exploited (within the past year) but is not in acute risk of re- exploitation. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.
- 3** Individual who has been recently exploited and is in acute risk of re-exploitation. Examples include sexual exploitation and living in an abusive relationship.

**HOARDING** - This item describes the degree to which an individual collects material with limited to no actual value within their living environment. Ratings of '2' or higher require evidence that the hoarding behavior is limited or preventing functioning in at least one life domain.

**Questions to Consider**

- Does individual collect material that has limited or no value?
- To what degree is the individual's collection of materials interfering with his/her functioning?
- Is the individual's collection of materials impacting his/her living space? To what degree?

**Ratings & Definitions**

- 0** Individual has no evidence of any problems with hoarding behavior.
- 1** Some hoarding behavior. Individual hold on to material that has limited or no value but this behavior does not directly interfere with functioning beyond others in his/her life commenting or complaining about the behavior.
- 2** Hoarding behavior that limits functioning. Individual keeps a significant amount of material that has limited or no value. This hoarding behavior limits functioning in at least one life domain. Individual is actively resistant to any effort to remove hoarded materials.
- 3** Extreme hoarding behavior. The hoarding behavior results in the collection of an amount of material that has limited or no value to the degree that there is nearly no available living space. The hoarding behavior is disabling (e.g. lost relationships, unable to leave home) or dangerous.

**SEXUAL AGGRESSION** - This includes all sexual offending that could result in charges being made against the individual. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. An adult who sexually abuses a child or individual would be rated here.

**Questions to Consider**

- Has the individual ever been accused of being a sexual predator?
- Has the individual ever been accused of sexually harassing others or using sexual language?

**Ratings & Definitions**

- 0** No evidence of problems with sexual aggression is identified.
- 1** Individual has a history of sexual aggression, but no known sexually aggressive behavior in the past year.
- 2** Individual has recently been sexually aggressive, but is not at immediate risk of re-offending.
- 3** Individual has recently been sexually aggressive with acute risk of re-offending due to attitude, behavior, or circumstances.

**UNLAWFUL BEHAVIOR/CRIMINAL BEHAVIOR\*** - This rating includes what is known about criminal behavior that may result from the individual failing to follow required behavioral standards. This category does not include drug usage, but it does include drug sales and other drug related activities. [Sexual offenses should be included as criminal behavior.]

**Questions to Consider**

- Is individual at risk for contact with criminal justice system due to drug sales, illegal graffiti, weapons, etc.?

**Ratings & Definitions**

- 0** No evidence or history of criminal behavior exists for the individual.
- 1** Individual has a history of criminal behavior, but none in the past year.  
A moderate level of criminal activity is indicated. This level indicates a person who has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting.
- 3** A severe level of criminal activity is indicated. This level indicates a person who has been engaged in violent criminal activity during the past year that represents a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault.

\*A rating of 1, 2 or 3 on this item will trigger the **Crime Module (9)**.

## Caregiver Resources and Needs Domain (Optional Section)

Caregiver refers to parent(s) or other adult(s) with primary care-taking responsibilities for the individual.

**For Caregiver Resources and Needs the following definitions and action levels are used:**

- 0 = There is no evidence of any needs. This could be a potential resource for the individual.
- 1 = An identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.
- 2 = Action or intervention is required to ensure that the identified need or risk behavior is address as it is currently interfering with the caregiver’s ability to parent or support the individual.
- 3 = An identified need that requires immediate or intensive action as it is currently preventing the caregiver from effectively parenting or supporting the individual.

**Questions to Consider for this Domain:** *What are the resources and needs of the Individual’s caregiver(s)? Please rate for the past 30 days.*

**Section is Not Applicable.** Unable to rate caregiver, or individual acts as his/her own caregiver and does not reside with a family or person(s) in caregiving role.

**PHYSICAL/BEHAVIORAL HEALTH** - Physical and Behavioral Health includes medical, physical, mental health, and substance misuse challenges faced by the caregiver(s).

### Questions to Consider

- How is the caregiver’s health?
- Does the caregiver have any health problems that limit his/her ability to care for the family?
- Does anyone else in the family have serious physical needs that the caregiver is taking care of?

### Ratings & Definitions

- 0** The caregiver(s) has no physical or behavioral health limitations that impact assistance or attendant care.
- 1** The caregiver(s) has some physical or behavioral health limitations that interfere with provision of assistance or attendant care.
- 2** The caregiver(s) has significant physical or behavioral health limitations that prevent them from being able to provide some needed assistance or that make attendant care difficult.
- 3** Caregiver has medical/physical problems that make him/her unable to provide any needed assistance or attendant care.

**INVOLVEMENT WITH CARE** - This item is used to rate the caregiver’s participation in the Individual’s care and ability to advocate for the Individual.

### Questions to Consider

- How involved is the caregiver in services for the Individual?
- Is the caregiver an advocate?
- Would the caregiver like any help in becoming more involved?

### Ratings & Definitions

- 0** No evidence of problems with caregiver involvement in services or interventions and/or caregiver is able to act as an effective advocate for individual.
- 1** This level indicates a caregiver who is consistently involved in the planning and/or implementation of services for the individual, but is not an active advocate on his/her behalf.
- 2** This level indicates a caregiver who is minimally involved in the care of the individual. Caregiver may visit the individual when living in an out-of-home placement, but is not involved in service planning and implementation.
- 3** This level indicates a caregiver who is uninvolved with the care of the individual. The caregiver may want the individual out of home or fails to visit the individual when in residential placement.

**KNOWLEDGE** - This item is used to rate the caregiver’s knowledge of the specific strengths of the individual and any problems experienced by the individual and their ability to understand the rationale for the treatment or management of these problems.

**Questions to Consider**

- How does the caregiver understand the Individual’s needs?
- Does the caregiver have the necessary information to meet the Individual’s needs?

**Ratings & Definitions**

- 0** This level indicates that the present caregiver(s) is fully knowledgeable about the individual’s psychological strengths and weaknesses, talents and limitations.
- 1** This level indicates that the present caregiver(s), while being generally knowledgeable about the individual, has some mild deficits in knowledge or understanding of either the person’s psychological condition or his/her talents, skills and assets.
- 2** This level indicates that the caregiver(s) does not know or understand the individual well and that significant deficits exist in the caregiver’s ability to relate to the person’s problems and strengths.
- 3** This level indicates that the present caregiver(s) has little or no understanding of the individual’s current condition. The caregiver(s) is unable to cope with the individual given his/her status at the time, not because of the needs of the person but because the caregiver(s) does not understand or accept the situation.

**SOCIAL RESOURCES** - This item is used to refer to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the individual and family.

**Questions to Consider**

- Does family have extended family or friends who provide emotional support?
- Can the family call on social supports to watch the Individual occasionally?

**Ratings & Definitions**

- 0** The caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the individual.
- 1** The caregiver(s) has the necessary resources to help address the individual’s major and basic needs, but those resources might be stretched.
- 2** The caregiver(s) has limited resources (e.g., a relative living in the same town who is sometimes available to assist with the individual).
- 3** The caregiver(s) has severely limited resources that are available to assist in the care and treatment of the individual.

**FAMILY STRESS** - This item reflects the degree of stress or burden experienced by the family as a result of the individual’s needs as described elsewhere in the assessment.

**Questions to Consider**

- Do caregivers find it stressful at times to manage the challenges in dealing with the Individual’s needs?
- Is the stress hard for them to manage at times?
- Does the stress ever interfere with ability to care for the individual?

**Ratings & Definitions**

- 0** No evidence of caregiver having difficulty managing the stress of the individual’s needs and/or caregiver is able to manage the stress of individual’s needs.
- 1** There is a history or suspicion and/or caregiver has some problems managing the stress of individual’s needs.
- 2** Caregiver has notable problems managing the stress of Individual’s needs. This stress interferes with his or her capacity to provide care.
- 3** Caregiver is unable to manage the stress associated with individual’s needs. This stress prevents caregiver from parenting.

**SUBSTANCE USE** - This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child.

**Questions to Consider**

- Do caregivers have any substance abuse needs that make parenting difficult?
- Does anyone else in the family have a serious substance abuse need that the caregiver impacting resources for caregiving?

**Ratings & Definitions**

- 0** No evidence of caregiver substance use issues.

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- 1** There is a history, suspicion or mild use of substances and/or caregiver is in recovery from substance abuse difficulties where there is no interference in his/her ability to parent.

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- 2** Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.

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- 3** Caregiver has substance abuse difficulties that make it impossible for him/her to parent at this time.

**SAFETY** - This item is used to refer to the safety of the assessed individual. It does not refer to the safety of other family or household members. The presence of an individual (family or stranger) that presents a safety risk to the individual should be rated. This item does not refer to the safety of the physical environment in which the individual lives (e.g., a broken or loose staircase).

**Questions to Consider**

- Is the caregiver able to protect the Individual from harm in the home?
- Are there individuals living in the home or visiting the home that may be abusive to the individual?

**Ratings & Definitions**

- 0** Current placement presents no risk to the safety of the individual in his/her present condition.

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- 1** Current placement presents some mild risk of neglect or exposure to drug use, but that no immediate risk is present.

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- 2** Current placement presents risk to the individual including such things as the risk of abuse or exposure to individuals who could harm the individual.

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- 3** Current placement presents a significant risk to the well-being of the individual. Risk of harm is imminent and immediate.

# Extension Modules

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- (1) Health Module
- (2) Vocational and Career Module
- (3) Developmental Needs Module
- (4) Parenting/Caregiving Role Module
- (5) Substance Abuse Module
- (6) Traumatic Stress Symptoms Module
- (7) Suicide Risk Module
- (8) Dangerousness Module
- (9) Crime Module

## Health Module (1)

**Question to Consider for this Module:** Does the individual have challenges related to addressing his/her medical, physical, mental health or substance-related problems? **Please rate the highest level from the past 30 days.**

**MANAGEMENT OF HEALTHCARE** - This item focuses on the individual's awareness of co-occurring behavioral and physical health care needs and the individual's ability to manage both.

### Questions to Consider

- Does the individual understand his/her physical and behavioral healthcare conditions?
- Is the individual able to manage his/her physical and behavioral health care symptoms and any associated lifestyle changes that he/she must make?
- What are the individual's barriers or challenges to being able to manage his/her physical and behavioral health conditions?

### Ratings & Definitions

- 0** There is no evidence that the person has any co-occurring physical health and mental health conditions nor physical health risk factors (antipsychotic medications, depression, lifestyle risks [smoking, obesity, and inactivity], transportation issues, negative symptoms, or financial barriers to health care). He/she recognizes physical and behavioral health issues, risk factors, and manages them successfully.
- 1** The person is aware that he/she requires both physical healthcare and behavioral healthcare, but occasionally has difficulty managing symptoms, and health regimens, or making lifestyle changes. Functioning is impaired, such as occasionally missing scheduled appointments; he/she may benefit from reminders and checks to consistently keep appointments, and monitor symptoms. (continues)
- 2** The person has moderate difficulty managing physical or behavioral health care. He/she may not consistently follow mental health or physical health care plans or routinely see a primary care physician; may frequently miss scheduled appointments, has interpersonal problems with health care team, or faces barriers to accessing comprehensive, coordinated health care (lack of transportation, long wait for appointments, does not understand treatment plans, is not screened for lifestyle risks), or does not make needed lifestyle changes. OR Side effects and related risk factors for poor physical health are not monitored. OR Individual has visited the ER in the last year.
- 3** The person is poorly managing his/her healthcare risking serious or life-threatening complications. He/she may not have a primary health care provider who was seen within the last year. OR Individual uses the ER for primary health care. OR Individual refuses or is unable to participate in either physical or behavioral healthcare, is experiencing an exacerbation of the physical or behavioral health condition, or may be experiencing complications due to multiple health care conditions. OR External barriers prevent the individual receiving physical and/or mental health care. OR Individual has been hospitalized within the last year.

**COORDINATION OF HEALTHCARE** - This item focuses on the need for coordination of physical and mental health for individuals with chronic or acute physical health conditions and behavioral health diagnoses.

**Questions to Consider**

- Does the individual have chronic or acute physical and behavioral health conditions?
- How does the individual manage the coordination of care required for his/her physical and behavioral health conditions?
- What is the extent of the individual's physical and behavioral health condition? What level of care coordination does the condition require?
- Does the individual work well with his/her health care team?

**Ratings & Definitions**

- 0** There is no evidence of a need for coordination of physical and mental health care. Both mental and physical health care are well coordinated and managed by the individual and/or health care team, resulting in stable, healthy functioning.
- 
- 1** Mild mental and physical health care coordination issues occasionally occur. Such issues are resolved by the individual or health care team.
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- Moderate need for mental physical care coordination for individual with mental and physical health problems exist. For example, the individual has frequent outpatient or urgent care visits over the past three months in order to stabilize or treat his/her acute or chronic physical condition or behavioral health condition. OR He/she requires support and coordination of medical and behavioral health issues to increase and maintain stability. OR Individual may not be able to communicate across multiple medical/behavioral health providers. OR Physical health care providers may not understand the individual's mental health needs, attribute physical symptoms to psychological issues, not measure and monitor lifestyle risks, or provide vague treatment instructions.
- 
- 2**
- 
- 3** Severe care coordination challenges for individual with mental and physical health may result in dangerous or disabling mental or physical health care outcomes or institutional placement. The individual experiences reoccurring problems with limited periods of stability. OR The individual has any ER visits or inpatient hospitalizations within the last year. OR The individual does not have a primary health care provider or has not seen the primary health care provider within the last year. A state hospital or nursing home admission has been considered. External barriers prevent access to physical health care.

## Vocational and Career Needs Module (2)

**Question to Consider for this Module:** How is the individual functioning at work? **Please rate the highest level from the past 30 days.** If the individual is unemployed, rate items for the last employment experience.

CAREER ASPIRATIONS	
<p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Does the individual have goals for his/her job or career development?</li> <li>→ Is the individual able to identify a job or career path and does he/she have resources needed to get there?</li> </ul>	<p><b>Ratings &amp; Definitions</b></p> <ul style="list-style-type: none"> <li><b>0</b> Individual has clear and feasible career plans.</li> <li><b>1</b> Individual has career plans but significant barriers may exist to achieving these plans.</li> <li><b>2</b> Individual wants to work but does not have a clear idea regarding jobs or careers.</li> <li><b>3</b> Individual has no career plans or aspirations.</li> </ul>
JOB TIME	
<p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Does the individual work and how many hours? What is his/her work schedule?</li> </ul>	<p><b>Ratings &amp; Definitions</b></p> <ul style="list-style-type: none"> <li><b>0</b> Individual works at least full-time.</li> <li><b>1</b> Individual works more than 20 hours per week but not full-time.</li> <li><b>2</b> Individual works less than 20 hours per week.</li> <li><b>3</b> Individual is not working.</li> </ul>
JOB ATTENDANCE	
<p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Has the individual experienced communication or disciplinary action for work attendance issues?</li> <li>→ Is the individual meeting expectations for attendance?</li> </ul>	<p><b>Ratings &amp; Definitions</b></p> <ul style="list-style-type: none"> <li><b>0</b> Individual goes to work consistently as scheduled.</li> <li><b>1</b> Individual has occasional problems going to work. He/she may sometimes call in sick when not ill.</li> <li><b>2</b> Individual has difficulty consistently going to work.</li> <li><b>3</b> Individual has severe job attendance problems that threaten termination or have resulted in recent firing.</li> </ul>
JOB PERFORMANCE	
<p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ What feedback has the individual received regarding his/her job performance?</li> </ul>	<p><b>Ratings &amp; Definitions</b></p> <ul style="list-style-type: none"> <li><b>0</b> Individual is a productive employee.</li> <li><b>1</b> Individual is generally a productive employee but some performance issues exist.</li> <li><b>2</b> Individual is having problems performing adequately on the job.</li> <li><b>3</b> Individual has severe performance problems that threaten termination or have resulted in recent firing.</li> </ul>

## JOB RELATIONS

### Questions to Consider

- Are individual's relationships at the job setting a source of distress or source strength for him/her?

### Ratings & Definitions

- 0** Individual gets along well with superiors and co-workers.
- 1** Individual is experiencing some problems with relationships at work.
- 2** Individual's is having problems with his/her relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.
- 3** Individual is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.

## JOB SKILLS

### Questions to Consider

- Does individual require additional job skills to maintain current employment?

### Ratings & Definitions

- 0** Individual has significant job skills consistent with career aspirations.
- 1** Individual has basic job skills but he/she may not match career aspirations.
- 2** Individual has limited job skills.
- 3** Individual has no job skills.

## Developmental Needs Module (3)

**Question to Consider for this Module:** *At what developmental level is the individual functioning?*

*Please rate the highest level from the past 30 days*

<b>COGNITIVE</b> - This item identifies the individual's intellectual or cognitive capacity.	
<p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Has the individual been tested for or diagnosed with a learning disability?</li> <li>→ Does the individual have an intellectual disability or delay?</li> </ul>	<p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual's intellectual functioning appears to be in normal range. There is no reason to believe that the individual has any problems with intellectual functioning.</p> <hr/> <p><b>1</b> Individual has low IQ (70 to 85) or has identified learning challenges.</p> <hr/> <p><b>2</b> Individual has mild mental retardation. IQ is between 55 and 70.</p> <hr/> <p><b>3</b> Individual has moderate to profound mental retardation. IQ is less than 55.</p>
<b>DEVELOPMENTAL</b> - This item rates the level of developmental delay/disorders that are present.	
<p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Is the individual progressing developmentally in a way similar to peers of the same age?</li> <li>→ Has the individual been diagnosed with a developmental disorder?</li> </ul>	<p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual's development appears within normal range. There is no reason to believe that the individual has any developmental problems.</p> <hr/> <p><b>1</b> Evidence of a mild developmental delay is apparent.</p> <hr/> <p><b>2</b> Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay is apparent.</p> <hr/> <p><b>3</b> Severe developmental disorder is evident.</p>
<b>COMMUNICATION</b> - This item identifies the individual's capacity for expressive and receptive communication.	
<p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Is the individual able to understand others' communications?</li> <li>→ Is the individual able to communicate to others?</li> </ul>	<p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the individual has any problems communicating.</p> <hr/> <p><b>1</b> Individual has receptive communication skills, but limited expressive communication skills.</p> <hr/> <p><b>2</b> Individual has both limited receptive and expressive communication skills.</p> <hr/> <p><b>3</b> Individual is unable to communicate.</p>

## Parenting/Caregiving Role Module (4)

**Question to Consider for this Module:** At what are the individual's current needs in his/her parenting/caregiving role?

**KNOWLEDGE OF CHILD'S/ADULT'S NEEDS** - This rating should be based on individual's knowledge of the specific strengths of the child/adult in his/her care, and any needs experienced by the child/adult and his/her ability to understand the rationale for the treatment or management of these problems.

### Questions to Consider

- How does the individual understand the needs of the child or adult in his/her care?
- Does the individual have the necessary information to meet the needs of the child or the adult he/she is caring for?

### Ratings & Definitions

- 0** The individual is fully knowledgeable about the psychological strengths and needs, talents and limitations of the child or adult being cared for..
- 1** The individual, while being generally knowledgeable about the child or adult being cared for, has some mild deficits in knowledge of understanding of the psychological condition or talents, skills and assets of the child or adult being cared for.
- 2** The individual does not know or understand the child or adult being care for well. Significant deficits exist in the caregiver's ability to relate to the problems or strengths of the child or adult being cared for.
- 3** The individual has little or no understanding of the condition of the child or adult being cared for. The individual is unable to cope with the child or adult being cared for given his/her status at the time (not because of the needs of the dependent child/adult) but because the individual does not understand or accept the situation.

**SUPERVISION** - This item rates the individual's capacity to provide the level of monitoring needed by the child or adult in his/her care.

### Questions to Consider

- Does the individual set appropriate limits on the child?
- Does the individual provide appropriate support to the child/adult being cared for to meet the caregiver's expectations?
- Does the individual think he or she needs some help with these issues?

### Ratings & Definitions

- 0** Individual's supervision and monitoring of child/adult is appropriate and functioning well.
- 1** Individual's supervision is generally adequate but inconsistent. This may include a situation in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.
- 2** Individual's supervision and monitoring is very inconsistent. He/she is frequently absent.
- 3** Individual's supervision and monitoring are nearly always absent or inappropriate.

**INVOLVEMENT WITH CARE** - This item rates the level of involvement and follow-through the individual has in the planning and provision of behavioral health, child welfare, educational and medical services on behalf of the child or adult in his/her care.

**Questions to Consider**

- Is the individual actively involved in helping to get services for the child/adult in his/her care?
- Is the individual willing to follow up on recommendations for the child/adult?
- Is the individual uninterested in or unwilling to become involved in child's/adult's care?

**Ratings & Definitions**

- 0** Individual is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adult in his/her care.
- 1** Individual is consistently involved in the planning and/or implementation of services for the child/adult for but is not an active advocate on behalf of the child or adult in his/her care.
- 2** Individual is minimally involved in the care of the child or adult in his/her care. Individual may visit the child when in out of home placement, but does not become involved in service planning and implementation.
- 3** Individual is uninvolved with the care of the child or adult. Individual may want child/adult out of the home or fails to visit the child/adult when in residential placement.

**ORGANIZATION** - This rating should be based on the ability of the individual to participate in or direct the organization of the household, services, and related activities.

**Questions to Consider**

- Does the individual need or want help with managing his/her home?
- Does he/she have difficulty getting to appointments or managing a schedule?
- Does he/she have difficulty getting their child or adult to appointments, school or other activities?

**Ratings & Definitions**

- 0** Individual is well organized and efficient.
- 1** Individual has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
- 2** Individual has moderate difficulty organizing and maintaining household to support needed services.
- 3** Individual is unable to organize household to support needed services.

**MARITAL/PARTNER VIOLENCE IN THE HOME** - This rating describes the degree of difficulty or conflict in the individual's relationship and the impact on parenting and childcare.

**Questions to Consider**

- How does the individual and his/her spouse/partner manage conflict between them?
- How is power and control handled in the individual and his/her spouse's/partner's relationship with each other?
- How frequently does the dependent child/adult witness the individual and his/her spouse/partner in conflict?
- Does the individual and his/her spouse's/partner's conflict escalate to verbal aggression, physical attacks or destruction of property?

**Ratings & Definitions**

- 0** Individual and his/her spouse/partner appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
- 1** Mild to moderate level of family problems including marital difficulties and partner arguments. The individual and his/her spouse/partner are generally able to keep arguments to a minimum when dependent child/adult is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
- 2** Significant level of caregiver difficulties including frequent arguments that often escalates to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which dependent child/adult often witnesses.
- 3** Profound level of partner or marital violence that often escalates to the use of physical aggression by one partner to control the other. These episodes may exacerbate dependent child/adult's difficulties or put the child/adult at greater risk.

## Substance Abuse Module (5)

**Question to Consider for this Module:** *What are the details of the individual's substance abuse?*  
*Please rate the highest level from the past 30 days.*

**SEVERITY OF USE** - This item rates the frequency and severity of the individual's current substance use.

### Questions to Consider

- Is the individual currently using substances? If so, how frequently?
- Is there evidence of physical dependence on substances?

### Ratings & Definitions

- 0** Individual is currently abstinent and has maintained abstinence for at least six months.
- 1** Individual is currently abstinent but only in the past 30 days or individual has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
- 2** Individual actively uses alcohol or drugs but not daily.
- 3** Individual uses alcohol and/or drugs on a daily basis.

**DURATION OF USE** - This item identifies the length of time that the individual has been using drugs or alcohol.

### Questions to Consider

- How long as the individual been using drugs and/or alcohol?

### Ratings & Definitions

- 0** Individual has begun use in the past year.
- 1** Individual has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
- 2** Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.
- 3** Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

**STAGE OF RECOVERY** - This item identifies where the individual is in his/her recovery process.

### Questions to Consider

- In relation to stopping substance use, at what stage of change is the individual?

### Ratings & Definitions

- 0** Individual is in maintenance stage of recovery. Individual is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
- 1** Individual is actively trying to use treatment to remain abstinent.
- 2** Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
- 3** Individual is in denial regarding the existence of any substance use problem.

**Supplemental information:** Motivational interviewing describes the Stages of Change as a continuum –

- Pre-contemplation: Not currently considering change
- Contemplation: Ambivalent about change
- Preparation: Some experience with change/trying to change
- Action: Practicing change
- Maintenance: Continued commitment to sustaining new behavior
- Relapse: Resumption of old behaviors

**PEER INFLUENCES** - This item identifies the impact that the individual's social group has on his/her substance use.

**Questions to Consider**

- What role do the individual's peers play in his/her alcohol and drug use?

**Ratings & Definitions**

- 0** Individual's primary peer social network does not engage in alcohol or drug use.
- 1** Individual has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
- 2** Individual predominantly has peers who engage in alcohol or drug use but individual is not a member of a gang.
- 3** Individual is a member of a peer group that consistently engages in alcohol or drug use.

**ENVIRONMENTAL INFLUENCES** - This item rates the impact of the individual's community environment on his/her alcohol and drug use.

**Questions to Consider**

- Are there factors in the individual's community that impacts the individual's alcohol and drug use?

**Ratings & Definitions**

- 0** No evidence that the individual's environment stimulates or exposes the individual to any alcohol or drug use.
- 1** Mild problems in the individual's environment that might expose the individual to alcohol or drug use.
- 2** Moderate problems in the individual's environment that clearly expose the individual to alcohol or drug use.
- 3** Severe problems in the individual's environment that stimulate the individual to engage in alcohol or drug.

**RECOVERY SUPPORT IN COMMUNITY** - Please rate the individual's participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community based.

**Questions to Consider**

- Does individual attend Young Peoples AA or NA or similar meetings? Does individual participate in sober living housing community or spend time in sober spaces? Is he/she attend these groups regularly?
- Does the individual maintain social connections through recovery support groups or activities?
- Does individual have sponsor or recovery coach?

**Ratings & Definitions**

- 0** No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups regularly and has no problems in attending the meetings.
- 1** Mild problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.
- 2** Moderate problems with maintaining social connectivity through recovery support groups or activities. Individual has attended recovery support groups in the past but is no longer attending meetings.
- 3** Severe problems with maintaining social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.

## Traumatic Stress Symptoms Module (6)

**Question to Consider for this Module:** *How is the individual responding to traumatic events? Please rate the highest level from the past 30 days.*

**AFFECTIVE/PHYSICAL DYSREGULATION** - This item rates the individual's ability to respond to the demands of experience with a range of emotions in a way that is socially appropriate, flexible enough to allow for spontaneous reaction and able to delay reaction as necessary. Consider both facial affect and physical movement here.

### Questions to Consider

- Does the individual have reactions that seem larger or smaller than appropriate to the situation?
- Does the individual have extreme or unchecked reactions to situations?

### Ratings & Definitions

- 0** Individual has no problems with affect regulation. Emotional and energy level responses are appropriate to the situation.
- 1** Individual has mild to moderate problems with affect or physical regulation.
- 2** Individual has severe problems with affect or physical regulation but is able to control affect at times. Problems with regulation interfere with individual's functioning in some life domains.
- 3** Individual has severe and chronic problems, unable to regulate affective responses. The individual may have rapid shifts in mood and an inability to regulate emotional responses (feeling out of control of their emotions). The individual may tightly contained emotions with outbursts under stress. Alternatively, the individual may experience loss of motivation, no ability to concentrate or sustain engagement in activities.

**INTRUSIONS** - This item rates the frequency with which the individual experiences thoughts of his/her trauma that he/she cannot control and how much/how little these thoughts impact his/her ability to function.

### Questions to Consider

- Does the individual think about the traumatic event when he/she does not want to?
- Do reminders of the traumatic event bother the individual?

### Ratings & Definitions

- 0** There is no evidence that the individual experiences intrusive thoughts of trauma.
- 1** Individual experiences some intrusive thoughts of trauma but it does not affect his/her functioning.
- 2** Individual experiences intrusive thoughts that interfere in his/her ability to function in some life domains.
- 3** Individual experiences repeated and severe intrusive thoughts of trauma.

## ATTACHMENT DIFFICULTIES

### Questions to Consider

- Does the individual struggle with separating from others?
- Does the individual approach or attach to strangers in indiscriminate ways?
- Does the individual have the ability to make healthy attachments to others or is his/her relationships marked by intense fear or avoidance?

### Ratings & Definitions

- 0** No evidence of attachment problems is identified. Interpersonal relationship(s) is/are characterized by satisfaction of needs, and individual's development of a sense of security and trust.
- 1** Mild problems with attachment are present. This could involve either mild problems with separation or mild problems of detachment.
- 2** Moderate problems with attachment, developing intimate, relationship are indicated with other adults and/or children. Individual is having problems with attachment that require intervention.
- 3** Severe problems with attachment. An individual who is unable to separate or an individual who appears to have severe problems with forming or maintaining relationships with other adults and/or children is rated here.

**DISSOCIATION** - Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).

**Questions to Consider**

- Does the individual seem to lose touch with the present moment sometimes?
- Is the individual frequently forgetful or caught daydreaming?

**Ratings & Definitions**

- 0** This rating is given to an individual with no evidence of dissociation.  
This rating is given to an individual with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
- 1** This rating is given to an individual with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified “with dissociative features.”
- 2** This rating is given to an individual with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Individual is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Individual shows rapid changes in personality or evidence of distinct personalities. Individual who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.
- 3**

**AVOIDANCE** - These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD.

**Questions to Consider**

- Does the individual make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to his/her trauma experience?

**Ratings & Definitions**

- 0** This rating is given to an individual with no evidence of avoidance symptoms.  
This rating is given to an individual who exhibits some avoidance. This individual may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
- 1** This rating is given to an individual with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the individual may also avoid activities, places, or people that arouse recollections of the trauma.
- 2** This rating is given to an individual who exhibits significant or multiple avoidant symptoms. This individual may avoid thoughts and feelings as well as situations and a person associated with the trauma and is unable to recall important aspects of the trauma.
- 3**

**TRAUMATIC GRIEF** - This rating describes the level of traumatic grief the individual is experiencing due to death or loss /separation from significant caregivers, siblings, or other significant figures.

**Questions to Consider**

- Is the trauma reaction of the individual based on a grief/loss experience?
- How much does the individual's reaction to the loss impact his/her functioning?

**Ratings & Definitions**

- 0** There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant caregivers. Either the individual has not experienced a traumatic loss (e.g., death of a loved one) or the individual has adjusted well to separation.

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- 1** Individual is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.

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- 2** Individual is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

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- 3** Individual is experiencing significant traumatic grief reactions. Individual exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

**REEXPERIENCING** - These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM criteria for PTSD.

**Questions to Consider**

- Do sights, verbal cues, smells, sounds, etc. trigger the individual to feel as though they are suddenly immersed in his/her traumatic experience once again?
- Does the individual have nightmares related to the traumatic experience?
- Are flashbacks part of the individual's experience?

**Ratings & Definitions**

- 0** This rating is given to an individual with no evidence of intrusive symptoms.

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- 1** This rating is given to an individual with some problems with intrusions, including occasional nightmares about traumatic events.

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- 2** This rating is given to an individual with moderate difficulties with intrusive symptoms. This individual may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This individual may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.

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- 3** This rating is given to an individual with severe intrusive symptoms. This individual may exhibit trauma-specific reenactments that include sexually or physically traumatizing other individual or sexual play with adults. This individual may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the individual to function.

**HYPERAROUSAL** - These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Individual may also commonly manifest physical symptoms such as stomachaches and headaches. These symptoms are part of the DSM criteria for PTSD.

**Questions to Consider**

- Is the individual always on edge?
- Can the individual fall/stay asleep?
- Is the individual easily startled?

**Ratings & Definitions**

- 0** This rating is given to an individual with no evidence of hyperarousal symptoms.

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- 1** This rating is given to an individual who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Individual may also occasionally manifest physical symptoms such as stomachaches and headaches.

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- 2** This rating is given to an individual with moderate symptoms of hyperarousal. The individual may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Individual may also commonly manifest physical symptoms such as stomachaches and headaches.

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- 3** This rating is given to an individual who exhibits multiple and or severe hyperarousal symptoms including but not limited to difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. The intensity or frequency of these symptoms are distressing for the individual and lead to frequent problems with day-to-day functioning.

**NUMBING** - These symptoms include numbing responses that are part of the DSM criteria for PTSD. These responses were not present before the trauma.

**Questions to Consider**

- Does the individual seem to experience a normal range of emotions?
- Does the individual have a normal range of affect?

**Ratings & Definitions**

- 0** This rating is given to an individual with no evidence of numbing responses.

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- 1** This rating is given to an individual who exhibits some problems with numbing. This individual may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).

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- 2** This rating is given to an individual with moderately severe numbing responses. This individual may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.

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- 3** This rating is given to an individual with significant numbing responses or multiple symptoms of numbing. This individual may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

## Suicide Risk Module (7)

**Question to Consider for this Module:** *What are the issues that increase the individual's risk of suicide? Please rate the highest level from the past 30 days.*

**Note:** *It is critical to probe these areas using direct and specific questions to ensure a thorough risk assessment has been completed. If you have concerns about your ability to ask these types of questions directly, please consult with your supervisor for coaching.*

**HISTORY OF ATTEMPTS** - This rating refers to suicidal ideation or/and behaviors that an individual engages in. Please rate the highest level experienced.

### Questions to Consider

- Has the individual ever attempted suicide?
- If so, how did the individual make that attempt?
- Was it a method that is typically lethal?

### Ratings & Definitions

- 0** No lifetime history of suicidal ideation or attempt.
- 1** Lifetime history of significant suicidal ideation but no potentially lethal attempts.
- 2** Lifetime history of a potentially lethal suicide attempt.
- 3** Lifetime history of multiple potentially lethal suicide attempts.

**SUICIDE IDEATION** - This item rates whether the individual has recently thought about hurting him/herself.

### Questions to Consider

- Has the individual ever considered suicide as an option?
- If so, when do these thoughts happen and what is the content?

### Ratings & Definitions

- 0** No evidence.
- 1** History but no recent ideation.
- 2** Recent ideation, but not in past 24 hours.
- 3** Current ideation OR command hallucinations that involve self-harm.

**SUICIDE INTENT** - This item rates the level of intent the individual has of harming him/herself.

### Questions to Consider

- Has the individual ever intended to commit suicide?
- If so, how recently?
- If so, what stopped him/her from following through with the intent?

### Ratings & Definitions

- 0** No evidence.
- 1** History, but no recent intent to commit suicide.
- 2** Recent intention to commit suicide.
- 3** Current intention.

**SUICIDE PLANNING** - This item rates whether the individual has recently had a plan to commit suicide.

### Questions to Consider

- Does his/her suicidal ideation include details of planning?
- If so, how realistic is that plan?
- If so, how lethal is that plan?

### Ratings & Definitions

- 0** No evidence of a concrete plan.
- 1** A vague notion of a plan, but the plan is not realistic.
- 2** Individual has a plan to commit suicide that is feasible.
- 3** Individual has a plan that is immediately accessible and feasible.

**ACCESSIBLE FIREARM/MEDICATION** - This item refers to the individual's ability to access potentially lethal objects / substances.

**Questions to Consider**

→ Are there guns, firearms or lethal medication kept in the home or accessible to the individual in some other location?

**Ratings & Definitions**

- 0** No evidence that the individual has access to firearms, lethal medication, or similarly lethal device/substance.

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- 1** Some evidence that a lethal weapon /substance is accessible with substantial effort. Examples include a gun in a locked cabinet to which the individual cannot access the key, or a vague plan to obtain potentially lethal substances.

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- 2** Evidence that a lethal means is available with modest effort (i.e. deception, some planning). **SAFETY PLAN MUST BE CREATED.**

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- 3** Evidence that the individual has immediate access to lethal means. **Individual/individual should not be allowed to re-enter said environment until means has been removed. SAFETY PLAN MUST BE CREATED.**

## Dangerousness Module (8)

**Question to Consider for this Module:** What are the issues that increase the individual's risk of violence towards others? *Please rate the highest level from the past 30 days.*

**HISTORY OF VIOLENCE** – This item is used to rate the individual's history of violence towards others and cruelty to animals.

### Questions to Consider

- Have the individual gotten into physical altercations with individuals?
- Has the individual ever exhibited behavior that is cruel to animals?

### Ratings & Definitions

- 0** No evidence of any history of violent behavior by the individual.  
Individual has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).
- 1** Individual has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
- 2** Individual has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.
- 3**

**FRUSTRATION MANAGEMENT** – This item rates how well the individual is able to tolerate and manage frustration.

### Questions to Consider

- Does the individual get angry or frustrated easily?
- When the individual gets frustrated, what are his/her behaviors and reactions?

### Ratings & Definitions

- 0** Individual appears to be able to manage frustration well. No evidence of problems of frustration management.
- 1** Individual has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm self down following an angry outburst.
- 2** Individual has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.
- 3** Individual becomes explosive and dangerous to others when frustrated. He/she demonstrates little self-control in these situations and others must intervene to restore control.

**HOSTILITY** – This item rates the perception of others regarding the individual's level of anger and hostility.

### Questions to Consider

- Does the individual frequently appear angry and hostile?
- Does the individual seem hostile frequently or in inappropriate environments/situations?

### Ratings & Definitions

- 0** Individual appears to not experience or express hostility except in situations where most people would become hostile.
- 1** Individual appears hostile but does not express it. Others experience individual as being angry.
- 2** Individual expresses hostility regularly.
- 3** Individual is almost always hostile either in expression or appearance. Others may experience individual as 'full of rage' or 'seething.'

**PARANOID THINKING** - This item rates the existence/level of paranoid thinking experienced by the individual.

**Questions to Consider**

- Does the individual seem very suspicious?
- Is there any evidence of paranoid thinking/beliefs?
- Is the individual very guarded?

**Ratings & Definitions**

- 0** Individual does not appear to engage in any paranoid thinking.
- 1** Individual is suspicious of others but is able to test out these suspicions and adjust his/her thinking appropriately.
- 2** Individual believes that others are 'out to get' him/her. Individual has trouble accepting that these beliefs may not be accurate. Individual at times is suspicious and guarded but at other times can be open and friendly.
- 3** Individual believes that others plan to cause them harm. Individual is nearly always suspicious and guarded.

**SECONDARY GAINS FROM ANGER** - This item is used to rate the presence of anger to obtain additional benefits.

**Questions to Consider**

- What happens after the individual gets angry? Does he/she get anything in return?
- Does the individual typically get what he/she wants from expressing anger?

**Ratings & Definitions**

- 0** Individual either does not engage in angry behavior or, when he/she does become angry, does not appear to derive any benefits from this behavior.
- 1** Individual unintentionally has benefited from angry behavior; however, there is no evidence that individual intentionally uses angry behavior to achieve desired outcomes.
- 2** Individual sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
- 3** Individual routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in individual's life appear intimidated.

**VIOLENT THINKING** – This item rates the level of violence and aggression in the individual's thinking.

**Questions to Consider**

- Does the individual report having violent thoughts?
- Does he/she verbalize any violent thoughts either specifically or by using violence themes?

**Ratings & Definitions**

- 0** There is no evidence that individual engages in violent thinking.
- 1** Individual has some occasional or minor thoughts about violence.
- 2** Individual has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
- 3** Individual has specific homicidal ideation or appears obsessed with thoughts about violence. For example, an individual who spontaneously and frequently draws only violent images may be rated here.

## Resiliency Factors

(Rate the highest level from the past 30 days)

**AWARE OF VIOLENCE POTENTIAL** – This item rates the individual’s insight into his/her risk of violence.

### Questions to Consider

- Is the individual aware of the risks and his/her potential to be violent?
- Is the individual concerned about these risks?
- Can the individual predict when/where/for what reason he/she will get angry and/or possibly become violent?

### Ratings & Definitions

- 0** Individual is completely aware of his/her level of risk of violence. Individual knows and understands risk factors. Individual accepts responsibility for past and future behaviors. Individual is able to anticipate future challenging circumstances. An individual with no violence potential would be rated here.
- 1** Individual is generally aware of his/her potential for violence. Individual is knowledgeable about his/her risk factors and is generally able to take responsibility. Individual may be unable to anticipate future circumstances that may challenge him/her.
- 2** Individual has some awareness of his/her potential for violence. Individual may have tendency to blame others but is able to accept some responsibility for his/her actions.
- 3** Individual has no awareness of his/her potential for violence. Individual may deny past violent acts or explain them in terms of justice or as deserved by the victim.

**RESPONSE TO CONSEQUENCES** – This item rates the individual’s reaction when he/she gets consequences for violence or aggression.

### Questions to Consider

- How does the individual react to consequences given for violent or aggressive behavior?

### Ratings & Definitions

- 0** Individual is clearly and predictably responsive to identified consequences. Individual is regularly able to anticipate consequences and adjust behavior.
- 1** Individual is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.
- 2** Individual responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.
- 3** Individual is unresponsive to consequences for his/her violent behavior.

**COMMITMENT TO SELF CONTROL** – This item rates the individual’s willingness and commitment to controlling aggressive and/or violent behaviors.

### Questions to Consider

- Does the individual want to change his/her behaviors?
- Is the individual committed to such change?

### Ratings & Definitions

- 0** Individual fully committed to controlling his/her violent behavior.
- 1** Individual is generally committed to control his/her violent behavior; however, individual may continue to struggle with control in some challenging circumstances.
- 2** Individual ambivalent about controlling his/her violent behavior.
- 3** Individual not interested in controlling his/her violent behavior at this time.

**TREATMENT INVOLVEMENT** – This item rates how involved the individual and family are in treatment.

**Questions to Consider**

- Is the individual an active participant in treatment?
- Is the family involved in and supportive of treatment?
- Do the individual and/or family believe that treatment will help with the identified issues?

**Ratings & Definitions**

- 0** Individual fully involved in his/her own treatment. Family supports treatment as well.

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- 1** Individual or family involved in treatment but not both. Individual may be somewhat involved in treatment, while family members are active or individual may be very involved in treatment while family members are unsupportive.

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- 2** Individual and family are ambivalent about treatment involvement. Individual and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.

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- 3** Individual and family are uninterested in treatment involvement. An individual with treatment needs who is not currently in treatment would be rated here.

## Crime Module (9)

**Question to Consider for this Module:** *What is the nature of the individual's involvement in the justice system? Please rate the highest level from the past 30 days unless otherwise indicated.*

**SERIOUSNESS** - This item rates the seriousness of the individual's criminal offenses.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ What are the behaviors/actions that have made the individual involved in the criminal justice system?</li> <li>→ Are the charges serious or violent felonies or misdemeanors?</li> </ul>	<ul style="list-style-type: none"> <li><b>0</b> No evidence of criminal behavior.</li> <li><b>1</b> Individual has engaged in delinquent behavior.</li> <li><b>2</b> Individual has engaged in criminal behavior.</li> <li><b>3</b> Individual has engaged in delinquent criminal behavior that places other citizens at risk of significant physical harm.</li> </ul>

**HISTORY** - This item rates the individual's history of delinquency. Please rate using time frames provided in the definitions.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ How many criminal/delinquent behaviors has the individual engaged in?</li> <li>→ Are there periods of time in which the individual did not engage in criminal behaviors?</li> </ul>	<ul style="list-style-type: none"> <li><b>0</b> Current criminal/delinquent behavior is the first known occurrence.</li> <li><b>1</b> Individual has engaged in multiple criminal/delinquent acts in the past one year.</li> <li><b>2</b> Individual has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.</li> <li><b>3</b> Individual has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal/delinquent behavior.</li> </ul>

**ARRESTS** - This item rates the individual's history of arrests in the criminal justice sector.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ Does the individual engage in preplanned or spontaneous criminal acts?</li> </ul>	<ul style="list-style-type: none"> <li><b>0</b> Individual has no known arrests in past.</li> <li><b>1</b> Individual has history of delinquency, but no arrests past 30 days.</li> <li><b>2</b> Individual has 1 to 2 arrests in last 30 days.</li> <li><b>3</b> Individual has more than 2 arrests in last 30 days.</li> </ul>

**PLANNING** - This item rates the premeditation or spontaneity of the criminal acts.

Questions to Consider	Ratings & Definitions
<ul style="list-style-type: none"> <li>→ Does the individual engage in preplanned or spontaneous criminal acts?</li> </ul>	<ul style="list-style-type: none"> <li><b>0</b> No evidence of any planning. Delinquent behavior appears opportunistic or impulsive.</li> <li><b>1</b> Evidence suggests that individual places him/herself into situations where the likelihood of delinquent behavior is enhanced.</li> <li><b>2</b> Evidence of some planning of delinquent behavior.</li> <li><b>3</b> Considerable evidence of significant planning of delinquent behavior. Behavior is clearly premeditated.</li> </ul>

**COMMUNITY SAFETY** - This item rates the level to which the criminal behavior of the individual puts the community's safety at risk.

**Questions to Consider**

- Is the delinquency violent in nature?
- Does the individual commit violent crimes against people or property?

**Ratings & Definitions**

- 0** Individual presents no risk to the community. He/she could be unsupervised in the community.
- 1** Individual engages in behavior that represents a risk to community property.  
Individual engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the individual's behavior.
- 2** Individual engages in behavior that directly places community members in danger of significant physical harm.

**LEGAL COMPLIANCE** - This item rates the individual's compliance with the rules of the court and probation.

**Questions to Consider**

- Is the individual compliant with the terms of his/her probation?
- Is the individual attending appointments, school, etc.?
- Is the individual actively or frequently violating probation?

**Ratings & Definitions**

- 0** Individual is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
- 1** Individual is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
- 2** Individual is in partial noncompliance with standing court orders (e.g. individual is going to school but not attending court-order treatment).
- 3** Individual is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

**PEER CRIMINAL BEHAVIOR (INFLUENCES)** – This item rates the level to which the individual's peers engage in criminal behavior.

**Questions to Consider**

- Does the individual's friends also engage in criminal behavior?
- Is the individual's peer group involved in criminal justice system or parole/probation?

**Ratings & Definitions**

- 0** Individual's primary peer social network does not engage in delinquent behavior.
- 1** Individual has peers in his/her primary peer social network who do not engage in delinquent behavior but has some peers who do.  
Individual predominantly has peers who engage in delinquent behavior but individual is not a member of a gang whose membership encourages or requires illegal behavior as aspect of membership.
- 2** Individual is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

**ENVIRONMENTAL INFLUENCES** - This item rates the influence of community criminal behavior on the individual's delinquency.

**Questions to Consider**

- Does the individual live in a neighborhood/community with high levels of crime?
- Is the individual a frequent witness or victim of such crime?

**Ratings & Definitions**

- 0** No evidence that the individual's environment stimulates or exposes the individual to any criminal behavior.

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- 1** Mild problems in the individual's environment that might expose the individual to criminal behavior.

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- 2** Moderate problems in the individual's environment that clearly expose the individual to criminal behavior.

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- 3** Severe problems in the individual's environment that stimulate the individual to engage in criminal behavior.

## Appendix A: Suggested Older Adult Readings

1. "Being Mortal", *Medicine and What Matters in the End*; Atul Gawande; 2014
2. "Staring at the Sun", *Overcoming the Terror of Death*; Irvin D. Yalom; 2009
3. "The Mental Health And Substance Use Workforce for Older Adults", *In Whose Hands?*; Institute of Medicine", of the National Academies; 2012
4. "Handbook of Geriatric Assessments, 4<sup>th</sup> Edition"; Joseph J. Gallo, Hillary R. Bogner, Terry Fulmer, Gregory J. Paveza; 2006
5. "What Mental Health Providers Should Know About Working with Older Adults"; <http://www.apa.org/pi/aging/resources/guides/practitioners-should-know.aspx>
6. Human Sexuality and Aging; <https://vimeo.com/37403043>
7. [Gerontology Competencies for Undergraduate and Graduate Education.pdf](#)

## **Appendix B: ANSA Rating Sheet**